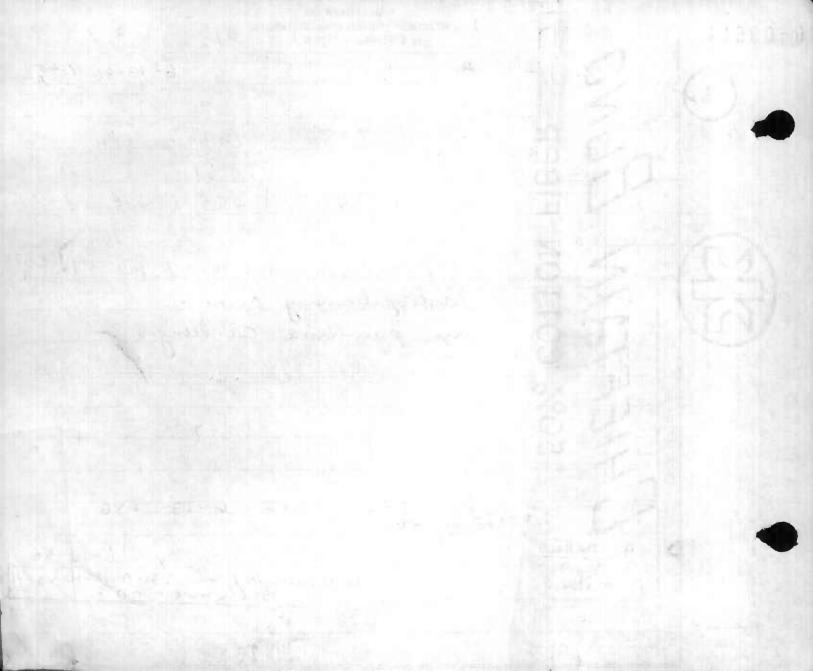
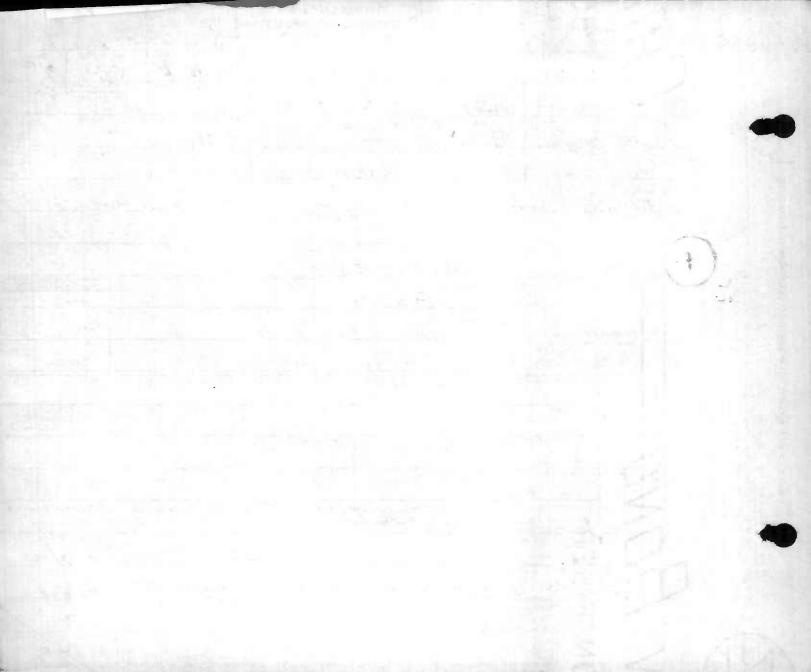
709544	1.	FOR STATE	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	6 6 7 3
, , ,		REGISTRAR CEASED NAME FOR PRINT	anor B	1. LAST , JACKSON	REG. NO.	DAY YEAR 26 HOUR 9.45
	a: SE	x Famala	RACE	S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	15 UNDER I YEAR IF UNDER 24 HRS.
		IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUN	ITRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	P BALTIMORE CITY OR COUN Battimore	TY OF DEATH City MD.
and the second	10 C	Battmore	1. NAME OF HOSPITAL, NI (IPNOT IN SUCH FACILITY, GIVE WHILE LEVEL	URSING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
filled in build be	13a. :	AL RESIDENCE (IF NURSING HOME OR OF STATE 136 COUNT)	THER INSTITUTION GIVE RESIDENCE Y 13 CITY OR		13e STREET ADDRESS / ZIP CO	Filton Rd 2/2/3
red without 24 hburst	14. F/	ather's NAME Garfield	DDLE HON	13 MOTHER'S MAIDEN NA GREEN TURY	AME MIDDLE	Monique
be entro		WAS DECEASED EVER IN U.S. ARMI YES, NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? 16b. SOCIAL MAR OR DATES)	SECURITY NO. 17 INFORMANT / 4-7535 Ralph Jac	Kson 4003 N.	Hilton Rd 21215
ires that the death, certific gned by the attending phy in please remove carbon po burial, casualises of remove ry, or other traumatic event		PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise ta immediate couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT CO.	DUE TO, OR AS A CONS (c)	pheumenia.	arrest. Ca lung	. IVEN IN PART 1:a
NG PHEICLIN The law requires the strategies of t	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\text{NO} \)
SICIN THE ricin trial-transit Hygie entol Hygie frem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	
the bur h and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	211 LOCATION	CITY OR TOWN	COUNTY STATE
TEMPINE A J for use a J for use a n 23 is mc	M	220.1 certify that (1) (this haspital saw the deceased alive an abave, (1) (we) (did) (did nat) or	6-13-		death accurred on the date and hi	, 19_86. that (I) (we) lost aur and from the causes stated
PITAL by th ERAL DIFE se detached State Dept		A mathew		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF ☐ DIRECTOR ☐ PHYSICIAN	6-13-86
TO HOSPITAL reformed by 11 TO FUNERAL should be det with the Store IMPORTANT:		A. mathew		22e ADDRESS	Baltimore.	mD.
BP.	· ·	SPECHY) Burial	6/17/86	Garrison Forest Vet	OWINGS	MTTTs Ma
DHMH - 16 60M 7/B4 (VRA 15, 4)	Ma Ma	rchmFuneral home	West 4300 Mg	äbash Avenue	N 16 1886	IRAR'S SIGNATURE



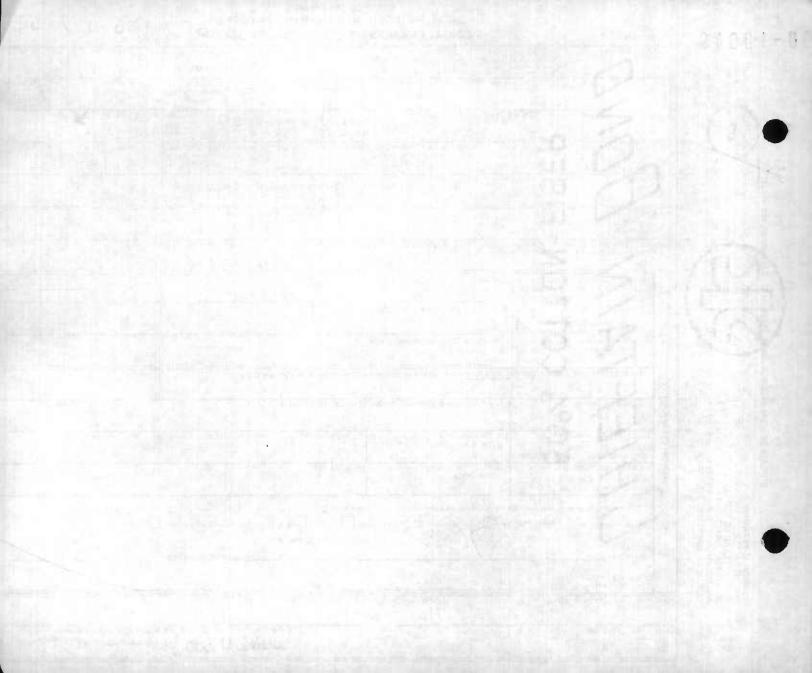
	1			STATE OF MARYLAND			Daller May-9
	11.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYG	IENE		
0-09568		REGISTRAR		CERTIFICATE OF DEATH	B GEG. NO.		6/4
m.c		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH M	ONIH DAY	YEAR 26. HOUR
ge 3			Isabelle	Jackson	June 1:	3-1986	OYAM
may r, pag	3. SE		. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHO	DAY IF UNDI	ERTYEAR IF UNDER 24 HRS
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Page Haurs		RTHPLACE ISTATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DE	EATH
ter dooth within 72	lu	Jest Vivernia	USA.	WIDOWED DIVORCED	Battimor		MD.
The feet of the fe	10 C	TY OR TOWN OF BEATH	1. NAME OF HOSPITAL, NURSING A (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATIO		KIND OF BUSINESS OR
+ -D =//	1	Cattimore	ASHIDUMTON	Nursingtone	Housewil		
212 d in	USÚ. 13a.	AL RESIDENCE (IF NURSING HOME OR COTATE 136 COUNT	THER INSTITUTION, GIVE RESIDENCE BEFOR		13e STREET ADDRESS	. 0	21717
ND 2 NND 2 Suld filled	In		to- Batte		727 Dru	id far	KDF!
MRYLAN within tely f	14. F/	THER'S NAME	IDDLE LAST	15. MOTHER'S MAIDEN NA	WE		LAST
MAA b	S	ilas	William	ms Barbara		Wil	lliams
RE, MA		VAS DECEASED EVER IN U.S. ARM			ADDRES		
BALTIMORE, MARYLAND 21201 cate be executed within 24 hours or y pan and computely filled in by open	1	NO	224-30	-465 Charles J	Jackson 350		
SALT of a land		18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), or	nd (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
v ST., BAL.		PART I. DEATH WAS CAUSED IMMEDIATE		CVD			Mene
2 5000.0			DUE-TO, OR AS A CONSEQU	ENCE OF			
RESTON:		Conditions, if ony, which	(16) CRm	me byen syroter	~L		Thees
4 4 5 5 5		gove rise to immediate couse (a), stating the	DUETO, OR AS A CONSEQU	ENCE-OF /			
ot w thot d by lease iol, cr		underlying couse lost.	(10) 9	uzul disord	li		yeus
N = 950 5	z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEMH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN	PART 1(01
ow requirements to be signification on the prior to the p	CERTIFICATION	19a DATE OF OPERATION	THE CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY?	201 IE VEC MED	E FINDINGS USED
L RECO	5	OF OPERATION	146. CONDITION FOR WHICH	OPERATION WAS PERFORMED		IN CERTIFYING	CAUSES OF DEATH?
TALR The la sician.	- E	219. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUR	YES NO	YES []	NO [
ISION OF VITA PHYSICIAN: The ending physicio this certification and Mental Hygie d or hem 18 sho		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH D	AY YEAR	(ENTER NATIONE OF MOOR)	INTIEM 10, PART I OR	CTART 2)
HYSICIA his certif his certif buriol-t d Mentol	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f. LOCATION			
IVISION OF VITAL G PHYSICIAN: The ottending physicial certificate his set this certificate is the buried-tronsit is and Mental Hygier ked or hem 18 show	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE.		CITY OR TOWN	4 COL	UNTY STATE
DIVIS TTENDING P Sispiral or otter CTOR, suce as the If for use as the CAT Heelth and		220.1 certify that (I) (this haspite	all attacked the decorated from	11/1/ 10 80		1/2 10 8	6 , that (1) (we) last
		sow the deceosed plive on _ obove, (1) (we) (did) (did not)		85 , and that in (my) (our) opinion	deoth occurred on the dot		
OR ATTEN The haspital DIRECTOR Sched for us Dept. of He		obove, (1) (we) (did) (did not) 22b SIGNATURE	view the body after death.	DEGREE			2c. DATE SIGNED
	18	0	- MAC. ax	MIN ATTENDING	MEDICAL STAFF		6/14/6
HOSPITAL Ined by th FUNERAL Uld be det of the Stote		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	PHYSICIAN 222e ADDRESS	DIRECTOR PHYSICIA	ANL	0/11/86
TO HOSPITAL TO FUNERAL should be det with the Stote		Arian	ILM ACHT	MN 101 WEST	REAN	CV .	21/2/
Sho sho	230. [BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	-/	120/
	1	Burial		Druid Ridge Cem.		Md. COUNTY	Y STATE
DHMH-16 60M 1/73		JNERAL DIRECTOR		25e. DAT	E REC'D. BY REGISTRAR 25		SIGNATURE
(VR A 15 (4))	Le	rŏÿ O. Dyett	4600 Lib. Hg	hts,. Ave.	1 1 0	Davido	· · ·
	-				113/3(1)		



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118		OR	DEPART	MENT OF HEALTH A	ND MENTAL HY	GIENE	1 6	47	5
2000		STATE REGISTRAR	MEDICAL	EXAMINER'S CER	RTIFICATE OF	DEATHO RE	G NO.	0 /	7
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NRY, PLEASE DIRECTOR COUR FILES ON STREET		James			ckson	DEATH MATE	6	26 19 86	M
STEE THE THE	3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS IF UNDER	R 1 YR. IF UNDER 24	HRS. 24. DATE AIN. PRONOUNCED	MONTH	DAY YEAR	2d HOUR
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# S O'		18 CAUSE OF DEATH (Enter only	y ane cause per line far (a), (b	b), and (c).)					TE INTERVAL ET AND DEATH
ONST. 24 HOUS ONG V PERMIT	-	PART I DEATH WAS CAUSED	ECAUSE (a) Head i	njuries					
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BIVISION OF VITAL RECORDS, 201 W. PRESTON ST SCRTIFICATE SHOULD BE EXECUTED WITHIN 24 HO RITING THE WORD "PENDING" IN PENCIL IN ITEM I ROED TO THE CHIEF MEDICAL EXAMINER ALONG ER 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMI E DEFARRIENT OF HEALTH AND MENTAL HYGIENE, OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.			(c)						
A AN A STATE OF THE STATE OF TH		PART 2 OTHER SIGNIFICANT CONDITIONS O	ONTRIBUTING TO DEATH BUT NOT REL	LATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART	L(a),			
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EAL SAME	A E	19a. DATE OF OPERATION	10h CONDITION FOR	WHICH OPERATION WAS	PERFORMED?			20 AUTOPSY	12
AL AL	0		110. CONDITION 1 0.1						
1 3 3 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	J E							YES [X	NO 🗌
NO ENTREME	/ 0	210. EXTERNAL CAUSE WAS	HOUR A.M. MONTH	DAY YEAR 21c. HOW	INJURY OCCURRED	ENTER NATURE OF INJURY IN I	EM 18 PART 1 OR PA	RT 2)	
N DITION N	1	UNDERLYING AOR	EATH 12:30 MX 6		ver in aut	o/fixed obj	ect imp	act	
SE S	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJUR	Y (ATHOME, 21f LOCAT	TION	7	JOE ZINJE	400	
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WAR AND		AT WORK AT WORK	road	Rt. 3		Rhodesda	le Dore	chester	MD
ME. NTE.	A	220. I certify that I taak charge	e af the remains described ab	pave, held an Autapsy	X, Inspection	, Inquiry ,	and in my ap	oman	
A DE GEA	1		al causes , Accident			Undetermined manner			
A SECULAR	7	A .	arcoses . Accident	, , , , , , , , , , , , , , , , , , , ,		Onderermined manner	<u> </u>		
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A H P A H H H	1	SIGNATURE WALL	e more 14	M.D.	Assistant	_MEDICAL EXAMINER	SIGNE	6/26/	/86
Nei Special	1	EVALUNED'S NAME 34					45-04		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOLE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BARTHMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		EXAMINER'S NAME Marga	rita A. Korel	LI, M.D. ADI	DRESS	Penn St. B	alto.MD	•	
PAT	23a.B	JRIAL, CREMATION, REMOVAL 2	36 DATE 23c.	NAME OF CEMETERY OR C	REMATORY	23d LOCATION	COUN	NTV	7.475
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BP	74 F	JNERAL DIRECTOR	1700 1	lesley (en	1250. DATE REC		REGISTRAR'S S	IGNATURE	141
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186 NAS DECEASED EVER IN U.S. ARMED FORCES? 186 NOCIAL SECURITY NO. 213-16-3466 Veattie J. Jackson Jr 186 W. Piedmont St	MO.	T COM				MIDDLE		LA	ST		IS. MOTHE	R'S MAIDE	NAM					
No. No. No.	2	200	V	eattie		M.		J	ackson		Ad	aline		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				ed
The cause of Death Rentronly one couse per line for (a), (b), and (c).	IMO	NS OPA	16a. \	WAS DECEASED	DEVER IN U.S. AR	MED FORCE										Kevs		
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TITLE (SPECIFY) ASSISTANT MEDICAL EXAMINER DATE SIGNED 6/17/86 EXAMINER'S NAME (TYPE OR PRINT) Gregory R. Kauffman, M.D. Address 111 Penn St. 107/84 BP 25M BP 236. BURIAL, CREMATION, REMOVAL 236. DATE 6/20/86 Garrison Forest Vet OWINGS MILLS MD 124. FUNERAL DIRECTOR ON THE SIGNED 6/17/86 ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) GREAT OF CREMATORY GARRISON FOREST VET OWINGS MILLS MD 1256. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE		SEQUENCE SE	13	220 certi	fy that I taak charg	ge of the rep	ons describ	ed abave	e, held on	Autaps	y X.	Inspectio	n .	Inquiry	, ond	п ту артп	an	
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25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE	071 (5				, KEMOTAL		/86									MILL		
DHMH-17 March Funoral Home Word Dorges 2000 Walance August 111 2 0 1086 June survivor													REC'D. BY	REGISTRAR 2	56 REGIST			שויי
(VR A15 ME (5)) THAT CIT I UTIET AT HOUSE WEST 4300 WADASH AVENUE		DHMH - 17 (VR A15 ME (5))	Ma	arch Fu	neral Hon	ne Wes	t 430	0 Wal	oash A	venue	2	JU	N.2.	1986				No.



00-08871

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	6	1	6	6	7	4
	REG. NO.					

	'	REGISTRAR			ERTIF	ICATE OF DEATH	REG. N	D.		1
		CEASED NAME FIRST	MI	DDLE	L	AST		MONTH DAY	YEAR	26 HOUR 3 O
		VIR	GINIA	В.	JACI	KSON		uno	86	Dan
	1.5E	X	4 RACE	5	DATE C		6. AGE (IN YEARS LAST BIR	IHDAY) IF U	INDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
9		Female	White	2	8	1 1913	72	YRS		
2		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY? 8	MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
2	1	Md.	USA		VIDOWE		BALTIMORE			MD.
	1	ITY OR TOWN OF DEATH	(IF NOT IN SUCH !	FACILITY, GIVE STREET ADD	RESS)		120 USUAL OCCUPATION OF OF WORK FOR MOST OF		126. KIND O INDUSTRY	F BUSINESS OR
		ALTIMORE CITY AL RESIDENCE (IF NURSING HOME OF		N MEMORIAI		SPITAL	Housewife		Home	
2	130 5	Md 136 COUR		3c CITY OR TOWN Baltimor		YES 🔏 NO 🗌	13e STREET ADDRESS		212]	11
n,	M FA	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	MIDDLE		LAS	1
1	/	Walter		Barnes		Virginia			Males	
6		WAS DECEASED EVER IN U.S. AR	E WAR OR DATES	66 SOCIAL SECURIT		17. INFORMANT	ADDRE			
		no	2	268-03-007	5	John S. Edwar	ds 134 Brig	ghtside		
H		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	ly ane cause per li	ne far (a), (b), and (c		-			BETWEEN	MATE INTERVAL ONSET AND DEATH
ı			E CAUSE (a)	Care	110	c.arest				
		ED TENNET	DUE TO, OR	AS A CONSEQUENCE	CE OF	1.1.	1 steen	10.5	5	
H		Canditians, if any, which gave rise to immediate	(b)	NO SI	my	ornina a	youthour			
d		cause (a), stating the underlying cause last	DUE TO, OR	AS A CONSEQUENC	E OF		4		1	
		PART 2 OTHER SIGNIFICANT (ONDITIONS CON	NIRIBITING TO DE	TH BUT	NOT PELATED TO THE TERMI	NAI DISEASE OR CON	DITION GIVEN	IN PART 1	
	NO	THE STREET STOTE OF THE PARTY OF	.o., o., o., o., o.	TIMESTATE TO DES		NOT KEENIED TO THE TERMIN	TAL DISEASE OR COIL	DITION GIVEIN	IIA LOVI III	
7	CERTIFICATION	90 DATE OF OPERATION	196 CONDITI	ION FOR WHICH OP	ERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDIN	NGS USED
7	TE						YES NO	IN CERTIFYIN	CAUSES	NO []
7	GE	21a. ACCIDENT WAS UNDERLYING		INJURY . MONTH DAY	YEAR	21c HOW INJURY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2)	
6	CAL	OR CONTRIBUTING CAUSE OF DEA	CI H		19					
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF	F INJURY	LETC 1	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	2	NOT WHILE							00	
		saw the deceased alive an	(- 1	deceased from	5,	128.1986	to	. 19_	_	that (1) (we) last
h		abave, (1) (we) (did) (did no	t) view the bady at	tter death.		nd that in (my) (aur) apinian d	eath accurred an the di	ate and havr an		
1		226. SIGNATURE	Mar.	. 0 4		DEGREE ATTENDING	MEDICAL STAI	F _	22c. DATE	SIGNED
1		228 PHYSICIAN'S NAME LITYPE C	R PRINTI O	101-	-	PHYSICIAN 22e ADDRES6	DIRECTOR PHYSIC	IAN	10/6	2/00
		The	helle	Bauer		-Unia	u Meu	ora	l He	1 piler
		BURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION		DUNTY	STATE
		Cremation	6-6-86	West	viev	w Mem. Park	I	Balto.	4	Md.
ı	24 FU	UNERAL DIRECTOR	2621 1	ADDRESS	212		REC'D. BY REGISTRAR	216 REGISTRAR	iz erchy	URE .

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	A SESE	3 SEX	4	RACE	5. DATE OF BIRTH		6. AGE (IN YEARS	TIETIND	ER 1 YR.	IF UNDER 24		DATE	MO	NIH DA		7:30
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	图 医 图 2	la. Bli FOE	RTHPLACE (STA	TE OR	76 CITIZEN OF WH		TRY?	MARRIE	D NEV	VER MARRIED	D XX 9.	BALTIMORE	CITY OR CO	OVITAU	FDEATH	
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ALTIM	APTER SINE PA AGES PAGES RSION	(YE	S, NO, OR UNKNOW	(IF YES, GIVE Y			34-77				C.	Jacks	on Av	re. I	Newa:	k, D
-	WITT PILL		18 CAUSE OF	DEATH (Enter and	y one cause per line	far (a), (b),	ond (c).)						17.013		A PROXING	
N S	24 HOUR ITEM 18. LONG W PERMIT. GIENE, D	7	8/15/		E CAUSE (o)		Mu	ltip	ole Ir	njurie	S				119	111/
PRESTON ST	N ALC NOV		0130	s, if ony, which	DUE TO, OR	AS A CON	SEQUENCE OF									
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ONO	NER: THIS CERTIFICATE CCATE, WRITING THE WY FORWARDED TO THE TOR: PAGE 3 SHOULD B THE STATE DEPARTMEN AND, 21201 PRIOR TO B	EDICAL C		G CAUSE OF D	EATH 6: 33P.M	6/				f moto	rcyc	le hit	parke	d car	c/ejec	ted
N N	OED OEP	MEO	216 INJURY OF	CCURRED	21e PLACE C STREET, FACT	OF INJURY ORY, FARM, ET	(AT HOME,	21f. LOC.	ATION REET			CITY OR TOWN		COUNTY		STATE
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14	EXAMNER: CERTIFICATI ULD BE FOR ULD BE FOR WITH THE WARYDAND		death resulted	diran: Natur	al couses	e signt	X Suice	de L	Homici	ide .	Undeter	nined manner				
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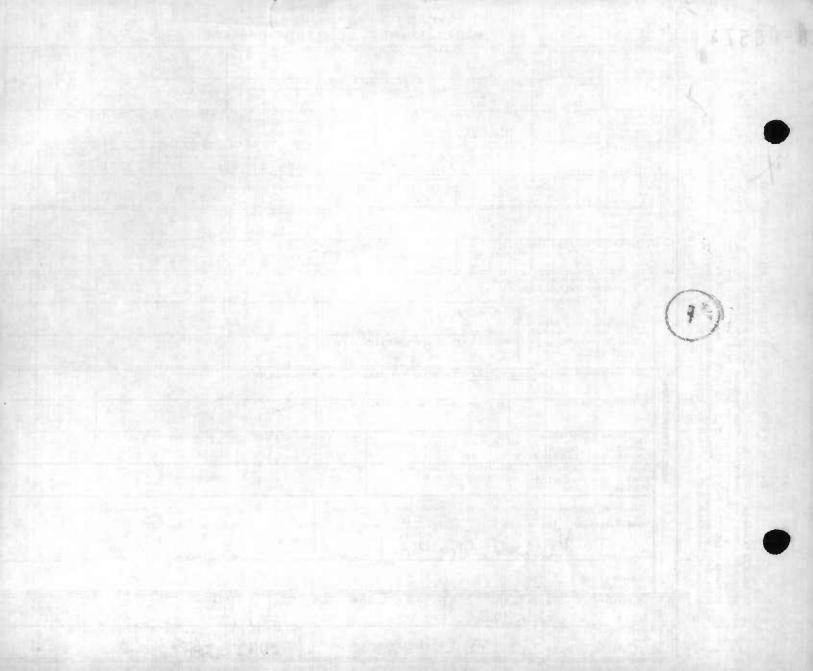
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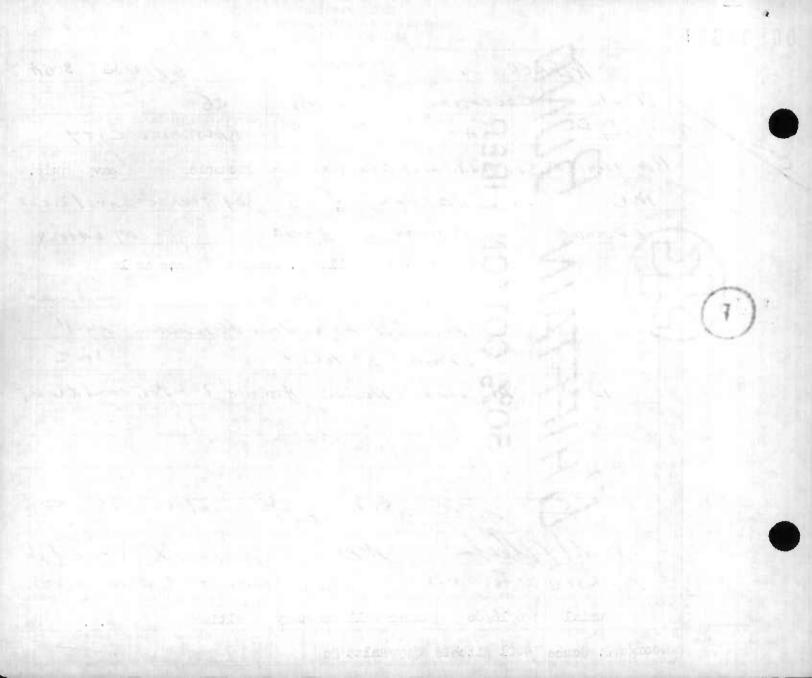
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	EL SS. S.S. E.		Step	hen	R.		J	ames		DEATH MATED	□ 6/	13/19 8	6 M
	A SE	3 SEX	4. RACE	5 DATE OF BIRTH	YEAR .	6 AGE (IN YEA	RS IF UN		IF UNDER		MONTH	DAY YEA	R 24 HOUR
	N 22 R	M	В	2 20	50	36 YR	· Interior	DATS	HOURS	MIN. PRONOUNCED DEAD	6/	13/19 8	6 P M
	ASSA PAINT	7a BIRTHPLACE		76. CITIZEN OF WH	AT COUN	TRY?	8 MARRI	ED NEV	ER MARRII	ED A BALTIMORE CIT	OR COUNT	Y OF DEATH	
	S NECESSARY PLEASE FUNERAL DIRECTOR. E S FOR YOUR FILES. DYWITHIN 72 HOURS W. PRESTON STREET.	MARYLAN		U.S.A.			WIDOW		DIVORCE		e City,		MD.
	SER SER	ID. CITY OR TO	WN OF DEATH	11. NAME OF HOSP			OR OTH	ER INSTITUT	ION	12a. USUAL OCCUPATION (FOR MOST OF WORKING LIFE)	TYPE OF WORK	126. KIND OF I	
X	DELAY IS TO THE FIND PAGE 5	Ba.	ltimore	1909 E.	Chas	se St.				CLERK		OK 11 1000	TIKT
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21201	AZESE	MARYLAN			BAL	TIMORE		YES X	NO [1909 E.CHASE	STREE	T 2121	3
- g	-New S	4 FATHER'S N.	AME	MIDDLE		LAST		15 MOTHER	R'S MAIDE	N NAME		LAST	
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WO		160. WAS DECE.	ASED EVER IN U.S. AF	RMED FORCES?	166 SOC	IAL SECURITY	NO.	17 INFORM	ANT	ADDRE	SS		
E3	S AFTER GIVE PA TH FOR PAGES VISIGN	NO	(11 125, 610	E WAR OR DATES	213	542741		HOWA	RD JA	MES/ELIZABETH	JAMES	1909	E.CHASE
	WHY WAT ON THE PROPERTY OF THE	18 CAUS	E OF DEATH (Enter o	nly one cause per line f	or (a), (b)	, and (c).)						APPROXIM/	ATE INTERVAL
E Z	PHONE TO THE	PART	I DEATH WAS CAUSE	D RV.		Abuse						BEIWEEN ON	SET AND DEATH
PRESTON	S S S S	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DUE TO, OR	AS A CON	SEQUENCE C	F		170				
88	至三年 五五五		litians, if any, which										
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30	SAME EN	lying	cause last	(c)								15.4	
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00	HOULD BE RD "PEND HIEF MED USED AS / OF HEALTH	INCATION INCATION									9-9		
2 2	DE TOTAL	3 198. DATE	OF OPERATION	196 CONDITI	ON FOR V	WHICH OPER	W NOITA	AS PERFORA	AED?			20 AUTOPS	Υ?
VIIV	THE STATE OF THE S	E .										YES XX	NO
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۵	WRI WARE VAGE	AT WOR	NOT WHILE			9. 181					1441		
	ATE, TATE, ORW	220.1	ertify that I took char	ge of the remains desc	ribed aba	ve, held on	Autop	sy X.	Inspection	Inquiry .	ond in my op	inion	94.11
9	EXAMINER: CERTIFICATI JID BE FOR DIRECTOR: WITH THE ARRYLAND	death re	sulted from: Noti	ural couses .	Accident	Sui	cide 🔲	, Hamici	de .	Undetermined manner	A ,		
	ARY ARY		Ma	A	0	11		TITLE (SP	ECIFY)				
	AL SOUTH THE	ACTUAL SIGNATU	IRE MU	when n	ne	MI	1 M	Assis	stant	MEDICAL EXAMINER	DATE	6/14	1/86
	A STATE	EVALABLE	R'S NAME	4									
	TO MEDICAL EXAMINER: THIS CERTIFICATE SERVING THE WORLD PAGE 4 SHOULD BE FORWARDED TO THE OF TO FUNDER OF SHOULD BE TO WHAT THE STATE OF SHOULD BE SHOULD BE SHOULD BE SHOULD BE SHOULD BE SHOULD BE SHOULD S	(TYPE OR	PRINT)	largarita A	. Koi	rell, N	1.D.	ADDRESS		111 Penn St.			
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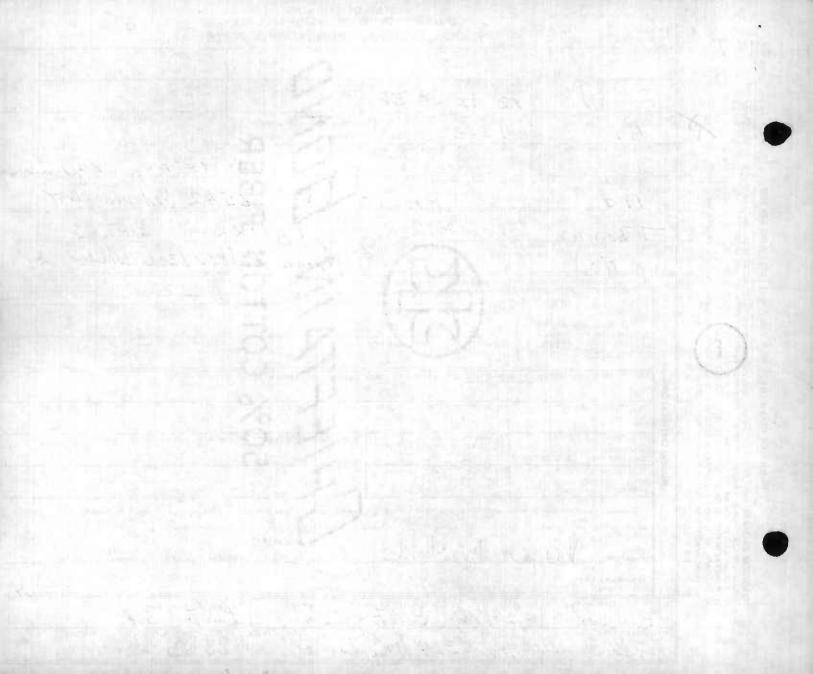


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED XX Adrienne Johnson 6-17 19 86 4 RACE DATE OF BIRTH & AGE (IN YEARS) IF UNDER 1 YR. TIF UNDER 24 HRS 2d. HOUR 2c. DATE LAST BIRTHDAY) PRONOUNCED 3:15 56RS DEAD 6-17 19 86 D.M BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED [DIVORCED Baltimore City IB CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SECTOTAR Baltimore 5542 Cedonia Avenue SUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 13a. STATE 136 COUNTY 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shotqun wounds of Head and Gunshot Wounds of Trunk DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GETH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 2 P.M. 6-17 1986 subject was shot TIE PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK AT WORK XX 5542 Cedonia Ave., Balto., Home PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 Autopsy X 220 I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinion Hamicide X death resulted fram-Natural causes Accident Suicide Undetermined manner TITLE (SPECIFY) 6-18-86 Assistant MEDICAL EXAMINER SIGNATURE Margarita A. Korell, M.D. 111 Penn St., Balto., Md. 21201 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 231. NAME OF CEMETERY OR GREMATORY STATE 07/84 25M THE FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))



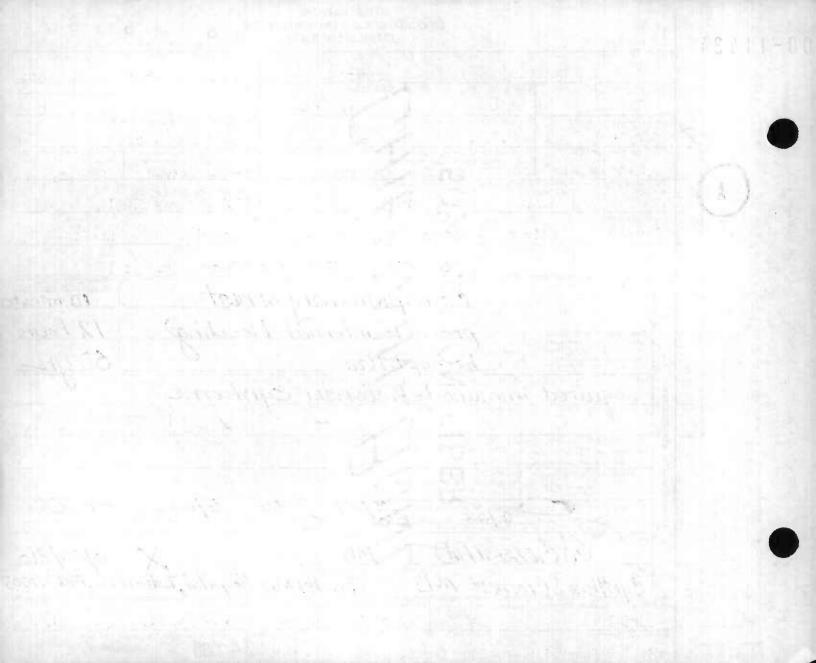
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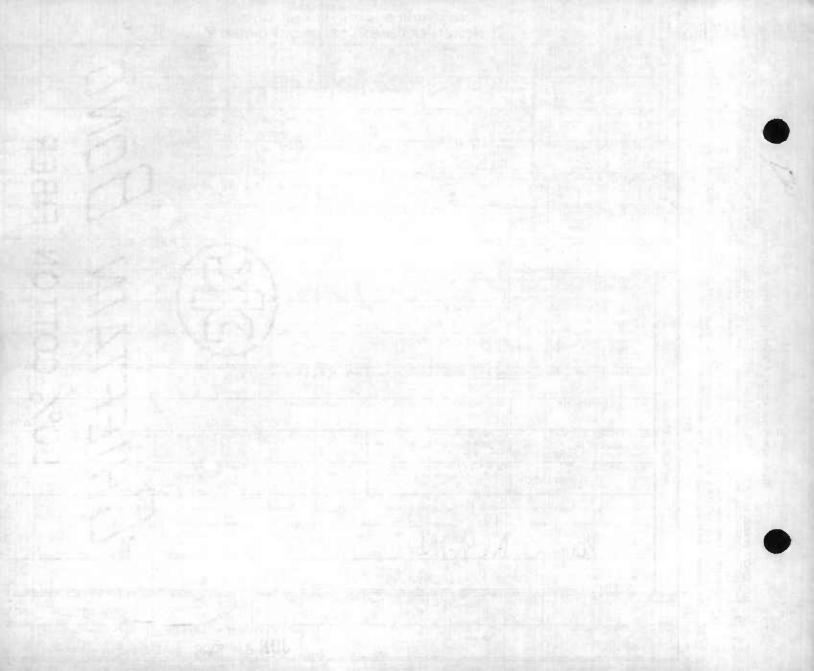
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	PEC			black	MONTH DAY	YEAR	LAST BIRTHD	AY) MONTH				RONOUNC	ED			24 11001
	N YOU				8 3	1963		RS.			9	DEAD	RECITY C	6-2-		5:37
	NER FOR PRES	FC	RTHPLACE (STATE OR LEIGH COUNTRY Md		U S A WIDOWE			P. BALTIMORE CITY OF COUNT Baltimore City Baltimore City					IT OF DEATE	MD.		
	IS N	10. C	TY OR TOWN OF	DEATH	11. NAME OF HO					TION	12a. USUA	L OCCUPA ST OF WORKIN	TION (TYP		12b. KIND OF	BUSINESS
1	SE FILE		Baltimore		4711 N	lavarı	00				POR MO	21 OF WORKIN	AC TIFE)		OK II4D(INICI
5 100	TH. IF ANY DELAY IS NECESSARY, PIEASE S. 1.2, AND 3 TO THE FUNERAL DIRECTOR. PM.S. RETAIN PAGE 5 FOR YOUR FILES. ND 2'SHOULD BE FILED, WITHIN 72 HOURS VITAIR RECORDS, 301 W PRESTON STREET.	13e S	AL RESIDENCE (IF IF	13b. COUN	DR OTHER INSTITUTION, G	130 CITY	E BEFORE ADMISSI Y OR TOWN LIMORE		13d INSIDE CIT	TY LIMITS?	13e SIRFE	TADDRESS	assen	Aver	ne 212	215
9	TA 25.5.5	14. F/	ATHER'S NAME		MIDDLE		IAST		15. MOTHE	R'S MAIDEN	NAME	MIDE				
1 2	0 2 24		rederick				Väshing			estine	е				Johns	on
JW.	S ATER GIVE P (ITH FOR PAGES I	16a \	VAS DECEASED ET	(IF YES, GIVE	WAR OR DATES)			17. INFORMANT ADDRESS Shirley Kidd 845 Lennox Stree								
BALTI							88-634	3	Shirl	ey Ki	dd 84	15 Ler	nox	Stree		
			18 CAUSE OF D PART I DEATH		ly ane cause per line D BY:			- C 1-	3						BETWEEN	MATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,				IMMEDIA	TE CAUSE (a) GU				iead							
			Canditions, if any, which													
			gave rise to immediate (b)													
201	EXA EXA ON, O		lying cause I	ost.	(c)										1	
ORDS,	D BE EXECTENDING" MEDICAL AS A BUR EALTH ANI CREMATIN	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).													
	HEA HEA	S.	190. DATE OF OP	ERATION	196. COND	TION FOR	WHICH OPER	ATION W	AS PERFOR	MED?					20 AUTOF	SY?
ATIV	SHOUL CHIEF CHIEF TOF H	Ě										Sec. of			YES 5	NO [
Ö	MNER: THIS CERTIFICATE SHOULD B FICATE, WRITING THE WORD "FEN RE FORWARDED TO THE CHIEF ANE TORE RACED SEUGH SEUGH SHOULD BE USED AS 11 THE STATE DEPARTMENT OF HEALT LAND, 21201 PRIOR TO BURIAL, CR	MEDICAL CERTIFICATION	210 EXTERNAL C UNDERLYING CONTRIBUTING	□ Ko _R	DEATH 216 TIME O	MACNIE	2-86 YEAR	3		OCCURRED	(ENTER NA	TURE OF INJUR	Y IN ITEM 18	PART 1 OR PA	RT 2)	
Si		DIG	214 INJURY OCC	URRED	21e PLACE	OF INJURY	(AT HOME,	211. LOC	CATION	SHOL						
5	# 3 A A A C	¥	AT WORK	OT WHILE X	x street, fact home	TORY, FARM,	ETC.)		IREET L1 Nav	arro		Ba]			narylar Marylar	nd STATE
	RE TI ORW PR: P.		220. I certify th	nat I taak charg	e of the remains de	scribed ab	ave, held an	Autaps	XX	Inspection	□,	Inquiry [], an	nd in my ap	oinian	
= 1	ANN PER PER P		death resulted f	ram: Natur	ral causes ,	Accident	, Su	icide .	Hamici	ide X.	Undeter	mined manr	ner .			
	WAR WAR		ACTUAL MAN TITLE (SPECIFY)													
	SHAN HE		SIGNATURE	unpr	e ume	ME	×	M.	DAss	sistan	T MEDIC	ALEXAMIN	NER	SIGNE	6-2-8	36
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE; PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		EXAMINER'S NA (TYPE OR PRINT)	ME M	largarita	A. Ko	orell,M	.D.	ADDRESS_	111	Penns	Street			211	
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07/B/ 25M		24 F	UNERAL DIRECTO	R	0/0/00	Ice	uai III	11 66		y 250. DATE RE	1					רוט
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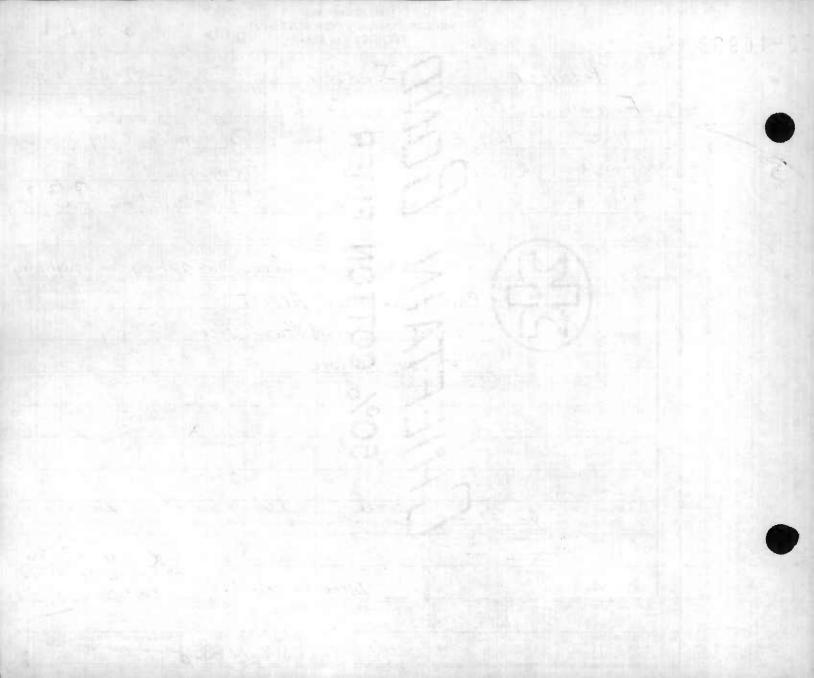


0	1					OF MARYLAND					
10212	1.	FOR STATE REGISTRAR JUST	INE F. JOHI			EALTH AND MENTAL HYGICATE OF DEATH	IENE O REG. N	160	8 9		
646		CEASED NAME FI	RST	MIDDLE	1	AST	20. DATE OF DEATH		26. HOUR		
y be death death	(TYP	Tu.	STINE F.	. 7	Johnson	N		6 10 86	5 pm M		
T. po	3. SE	X	4. RACE		5. DATE C	FARTH 40 OF	6. AGE (IN YEARS LAST BIR	THOAY O IF UNDER TYEAR			
cto	1000	EMALE	White		11	19 05	9 BALTIMORE CITY OR COUNTY OF DEATH				
1 11 6	70. B	IRTHPLACE (STATE OR FORE)		WHAT COUNTRY	MARRIEI	NEVER MARRIED DIVORCED	Baltimore City of	MD.			
)0. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSI	T ADDRESS)	Medical CENTER	120 USUAL OCCUPATION OF WORK FOR MOST OF HOUSEWIJE	ON 126 KIND (F WORKING LIFE) INDUSTRY	of business or Home		
1	130	AL RESIDENCE (IF NURSING STATE LITTLE	Baltimore	13c. CITY OR TON		13d: INSIDE CITY LIMITS?	13e.STREET ADDRESS 228 ROLL	ingbrook Way	21228		
1 5 5 F	14 F.	ATHER'S NAME	MIDDLE	IZAL		15. MOTHER'S MAIDEN NAM		LA LA	Roberts		
ldmo	V	James	A Section	Whitin		FIRAmelia					
Poges medica	160	WAS DECEASED EVER IN L YES NO OR UNKNOWN) (11	J.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	366-68-	5359	Phyllis Elli	son Sar	ne as # 13			
hysicia copers aval.		18 CAUSE OF DEATH IE	nter anly one cause per CAUSED BY	line for (a), (b), o	nd ic	of Cours		APPRO: SETWEEN	XIMATE INTERVAL ONSET AND DEATH		
ban plan ic eve		IMMEDIATE CAUSE (0) CONCINOMA OF CENVIX									
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signed been pleased by burial, are	z	PART 2 OTHER SIGNIFIC	CANT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1	10		
os been bermit. The	CERTIFICATION	19a DATE OF OPERATION	N 196 COND	ITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	INGS USED S OF DEATH?			
donsit p	- EE	21a. ACCIDENT WAS UNDERLY	ring 716. TIME C	F INJURY		21c. HOW INJURY OCCURR	YES NO	YES THE PART 1 OR PART 21	NO 🗌		
of tro		OR CONTRIBUTING CAUS	OF DEATH	M. MONTH [M.	DAY YEAR						
d Me	MEDICAL	214 INJURY OCCURRED	21e. PLACE		F-25-7-1	211 LOCATION STREET	CITY OR TO	wn county	STATE		
fter to sthe show	>	WHILE NOT WHILE AT WORK		CELL PACIONI, OFFICE	, ranm, etc ;						
Use Use Health		22a I certify that (I) (thi		e deceased from		MO 10 19 81	Q. 10 JUM		that (we) last		
d for d for m 21			(did not) view the body	ofter death		d that in (my) (our) apinion d	leath occurred on the d				
RAL DIRI detache tate Dep		Wanda Wills-Dairs MD ATTENDING MEDICAL STAFF 6 11 86									
shauld be d		WAUDA W	CKSDA!	115		6US. CHA	RLES ST	REFISTB	SIS OTTA		
		BURIAL, CREMATION, REA		12 236 DATE 231. NAME OF CEMETERY OR CREMATORY 230 LOCA				COUNTY	STATE		
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IMH - 16 60M 7/B4 (VRA 15, 4)		630 Edmondos					N 1 2 1096	256. REGISTRAR'S SIGNA	ture landelee		

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		FOR		DEPARTM		OF MARYLAND EALTH AND MENTAL HYG	IFNE A	1 6	6	9 0		
-09169	1	STATE REGISTRAR		DEI AKTI		CATE OF DEATH	REG. NO					
		CEASED NAME FIRST	MIDD	LE	1.	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR		
noy be poge 3	1,,,,,	LEM	LOSUNUT 3 131			HOSON		6 8	86	150 PM		
boo d	3 SE	х	1 RACE BLACK 76 CITIZEN OF WHAT COUNTRY? USA		5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UP	IF UNDER 1 YEAR IF UNE			
ige 4		MALE			MONTH	DAY YEAR	9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CATY					
nerol di	70. 8	RTHPLACE (STATE OR FOREIGN COUNTRY)			MARRIEI WIDOWE	NEVER MARRIED DO DIVORCED						
201 rs ofter de by the fur filed within	-	ALTI MUNE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SOUTH BALTIMORE GENERAL AUSE.			120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY						
MARYLAND 212C ed within 24 hours mpletely filled in b ond 2 should be fill exbminer must bed	130 130	STATE 136 COL	OTHER INSTITUTION, GIVE RESIDENCE BEFORE A		1 13d INSIDE CITY LIMITS?		13e.STREET ADDRESS	02/25				
maketly ond 2 sh	14 F.	14 FATHER'S NAME FIRST LAYTON MIDDLE JOHNSON MIDDLE MIDDLE MIDDLE MIDDLE MCPHER MIDDLE										
m, 9		16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 2122										
IMOR n and Page		UNK	2	18.16-3	170	Mary E. Joh	oson len	o Che	00.10	nRD.		
201 W. PRESTON ST es that the death cert ned by the ottending please remove corbor uriol, cremotian, ar ret r, ar other troumotic ex		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS	S A CONSEQUE	NCE OF	NOT DELATED TO THE TEDM	NALDISEASE OF CONT	DITION CIVEN	IN DADT 1			
sign sign hen to bu	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
A RECOR	CERTIFICATION	190. DATE OF OPERATION							200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO YES NO NO			
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law require offending physicion. After this certificate been sig os the buriolitransit permit. Then thand Mental Hygiene prior to b orked or them 18 shaws any injury		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI		MONTH DA	Y YEAR	21c HOW INJURY OCCURR		Y IN ITEM 18 PART I	OR PART ?}			
Offending offending ter this ce is the buring	MEDICAL	214 IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF	INJURY FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
TTENDIN pritol or TTOR. Alf for use of af Healt		220.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did n			/	d that in (my) (our) opinion d	eath accurred on the da			that (I) (we) last couses stated		
ALOR A the hor ALOREGAL DIRECTOR A detached ate Dept.		22b. SIGNATURE	- Se Col	lin		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN X	221. DATE	SIGNED 3 86		
HOSPII Dined by FUNER ould be th the St		MICHAEL E		2, m.	0 -	3001 S.	HANOUER	ST.				
₽ ₽ ₽ ₹ \$ ≦ —		BURIAL, CREMATION, REMOVA	L 236 DATE	23c. N		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN C R DWN	olling	YINU	STATE		
DHMH - 16 60M 7/84		UNERAL DIRECTOR		1		250. DATE	REC'D. BY REGISTRAR	Sh REGISTRAR	SSIGNAT	LIDC - AND		
(VRA 15 4)	1.	NAME	Elil Tax	ADDRESS	lands	O Li Omiro	UN.1 1 1986	A	سالم			

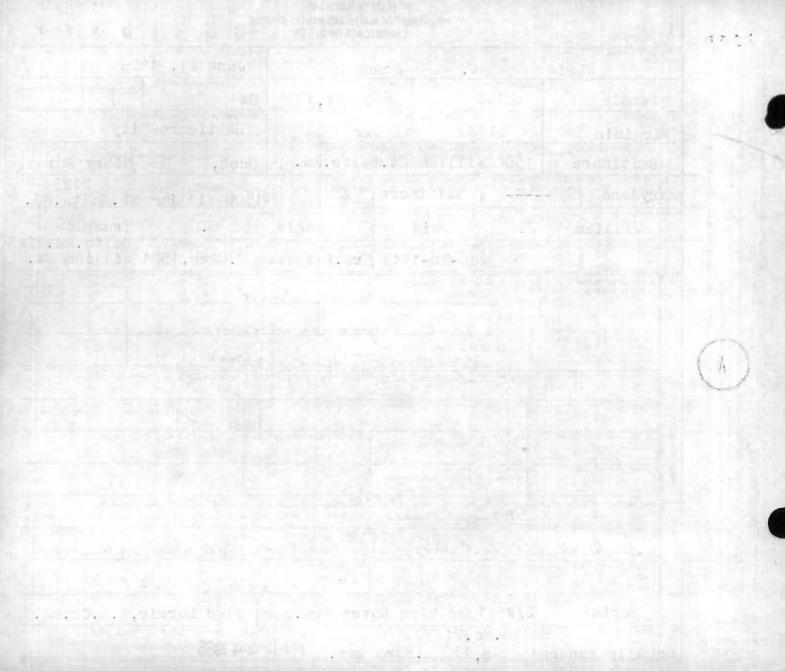


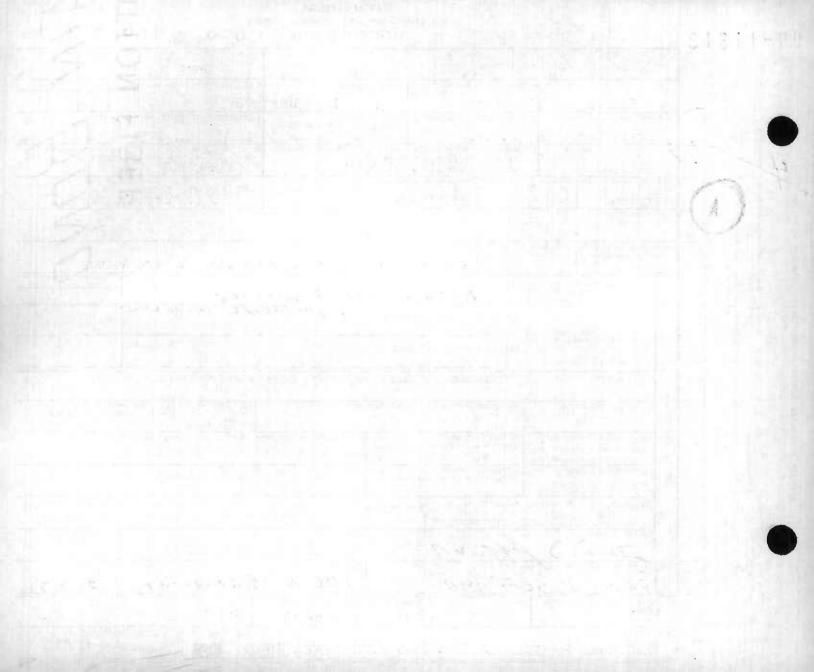


				STATE OF MARYLAND		
-09763	1.	FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	BIENE 8 S. REG. NO.	6 6 9 2
moy be		CEASED NAME FIRST SAND	/ E	Johnson	20. DATE OF DEATH MONTH	DAY YEAR 16 HOUR
ge 4 moy	3. SE	MARE	Black	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 5 8 YRS.	IF UNDER LYEAR IF UNDER 24 HRS
eoth. Pog nerol din n 72 hou	10	RTHPLACE (STATE OR FOREIGN 7 COUNTRY) Meca Mc	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or Count	Y OF DEATH OTHER
38	B	altimore	NAME OF HOSPITAL, NURS	Lanca	120. USUAL OCCUPATION (IMPEOF WORKING L	126. KIND OF BUSINESS OR INDUSTRY
3		AL RESIDENCE (IF NURSING HOME OR OR OR OT ALL COUNTY)	TY 13c CITY OR TO		130.STREET ADDRESS / ZIP COD	E Rd 20874
ond 2 s	14 F.	ATHER'S NAME	NODLE LAST	15. MOTHER'S MAIDEN NA	WIDDIE	Becknith
Poges 1		NAS DECEASED EVER IN U.S. ARM YES NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC WAR OR DATES) 579 3	Jennette Mo	ten (sister) 14060 B	permuillelled 20874
physicio onpopers. emoval.		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE	BY:	pulmman Arres	4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 Minsch
ottending ove corbo ition, or re oumotic e	U	Canditions, if any, which	DUE TO, OR AS A CONSEQ	LENCE OF J MEUL	artem	11 mos/614
ose rem I, cremo		gave rise to immediate cause (a), stoting the underlying couse last	DUE TO, OR AS, A CONSEQ	VENCE OF TOMOGS of A	he head of nech	7/85 (diagnose
n signed Then pled to burio	NO O	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GI	IVEN IN PART ITO
hos been prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	INCERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\bigcup \text{NO} \text{\text{T}}
this certificate be burial-transit ad Mental Hygie dor Item 18 sha		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
After this cer os the burio Ith and Ment orked or He	MEDICAL	2 Id. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
or use		220.1 certify that (1) this hospit saw the deceased oliver an above, (1) (we) (d.)	/ //	5/ (death occurred on the date and ha	. 19 . that (II (we) last
the hospit L DIRECTO estached for the Dept of them 2:		22b. SIGNATURE	When the body offer death	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
oined by the DERAL ould be deto the Store PORTANT: If		22d. PHYSICIAN'S NAME TYPE OR	ho M.D.	22e ADDRESS	WI Hose Don	of Otoloruncolog
BP Should a should be shou	23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OF CREMATORY	23d LOCATION CITY OR TOWN	COUNTY
IMH - 16 60M 7/84	24 F	UNERAL DIRECTOR NAME EXANDER S. PO	DE 21.7 DODRESS	AVE SE WASHOCIII	TEREC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNALLIIL
(VRA 15, 4)	AL	EVIDNACIC 21 LO	PE 2617 PA	HAR 20 MILLIAM	N 10 1990 Among	

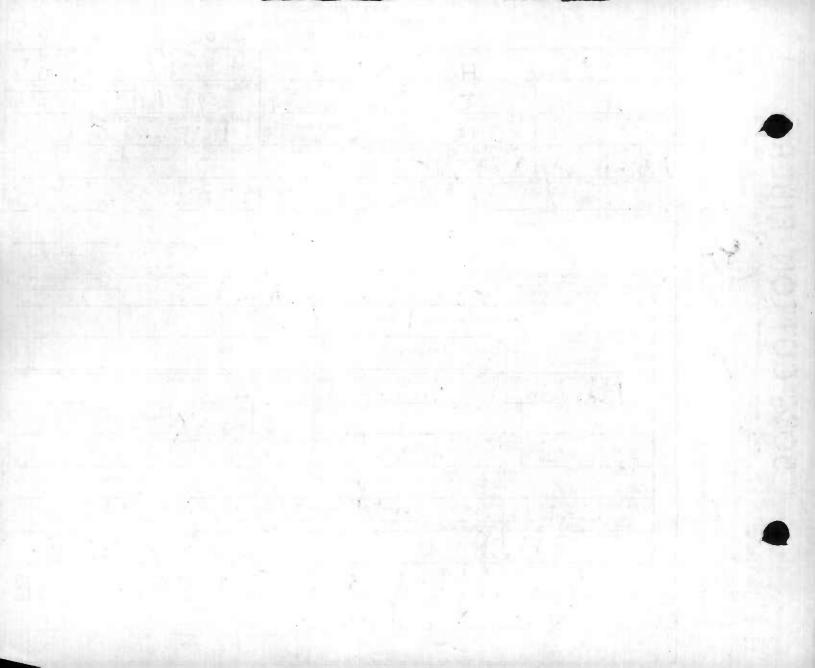


					OF MARYLAND			
10336		FOR STATE REGISTRAR		CERTIFI	EALTH AND MENTAL HYG ICATE OF DEATH	S QREG. NO.	6 6	93
e 6 €		CEASED NAME FIRST	WIDDLE		151	June 21, 19	DAY YEAR	2b. HOUR
poge 3	2.05	Susie	V.		nson	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
ge 4 mg	3. SE	x Female	White	5. DATE O	il 24,1902	84 yrs.	MONTHS DAYS	HOURS MIN.
orth. For		RTHPLACE (STATE OR FOREIGN COUNTRY) irginia	USA	MARRIED WIDOWE	DI NEVER MARRIED DIVORCED	Baltimore (MD
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filled in hould be i	Ma	aryland 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 13c. STX GRICM		YES NO	13.STREET ADDRESS / ZIP COD 1500 William		1230 to.Md.
withi letely d 2 sl	14 F/	ATHER'S NAME	NIDDLE TAST .	,	15 MOTHER'S MAIDEN NAM	C. iddie	M IAS1	2
dw oox		William	J. Reid		Annie		Trust	
Poges/		NAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE NO	WAR OR DATES) 280-32-		17 INFORMANT Mrs.Kathlee	en V.Clem, 1521		am St.
low requires that the death or is been used by attending the prior by a prior by a sampling, or sony in the control of the prior by a sampling or sony in the control of the prior of the p	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), storing the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUIOR (b) ACUTO DUE TO, OR AS A CONSEQUIOR (c) ACUTO ONDITIONS CONTRIBUTING TO	ENCE OF SCLENDED BUT I	NOT RELATED TO THE TERM	MAL DISEASE OR CONDITION GI	IVEN IN PART TIO	GS USED
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riol-tronsientol Hygin Hem 18 sh		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH D.	AY YEAR				
After this cost the burillith and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
OSOE		22a. I certify that (I) (this haspit sow the deceased alive on above, (I) (we) (did) (did not	ol) ottended the deceosed from	Mar. on	, 17	deoth occurred on the date and ha	- /	hat (I) (we) last ouses stated
\$ 000 ±		276. SIGNATURE	Howard ms		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE S	51GNED
FUN Sould b		SANDRA C	. Howad m	ns	120 ADDRESS		21230	
BP	73a (BURIAL, CREMATION, REMOVAL (SPECIFY Burial			METERY OR CREMATORY Ven Mem. Par	134 LOCATION CK Glen Burnie	A.A.C	o.Md.
IMH - 16 60M 7/84		1 175011L	alto.Md.21230		1111	E REC D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATU	JRE
(VRA 15, 4)	M	Cully Funera	1 Home, 130 E.	Fort	Ave. JUI	V 24 1986 Julian	avidson-Apr	-

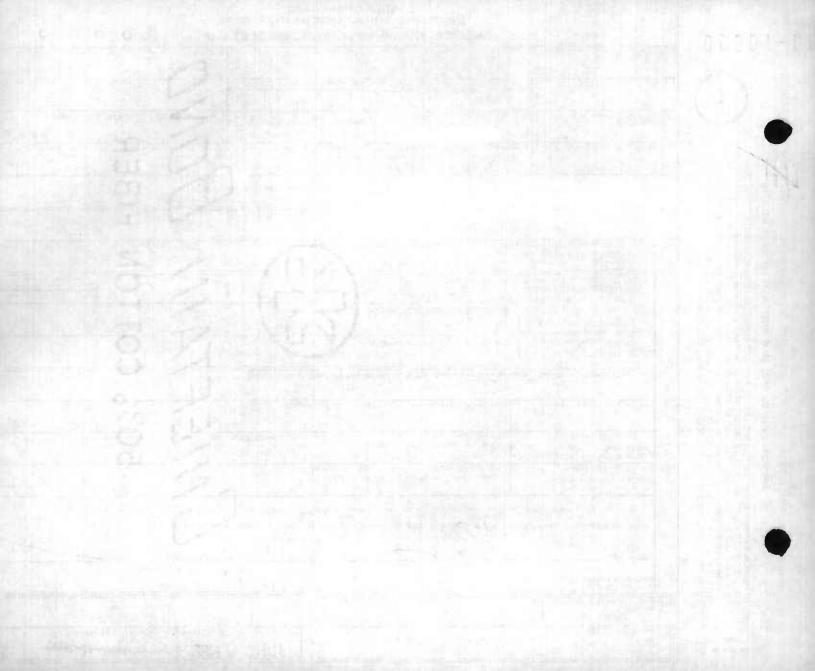




			STATE OF MARYLAND
	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
		REGISTRAR	CERTIFICATE OF DEATH 8 6 REG. NO. 1 6 5 9 5
0-10676	1. DE	CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH THAT 26. HOUR A
D O Chi	1,,,,,	Lexi	e H. Jones 6/23/56 101 m
moy pog er de	3 SE		4 RACE S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY CONTROL OF BIRTH AND A CONTROL OF BIR
rector,		N	MONTH DAY YEAR HOURS MAN.
72 ho		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
De Production	10.0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 120 KIND OF BUSINESS OR
s offer wife with the monthly	B	Himore City	171. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 172. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 172. VIOLATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
2120 hours d in b	USU.	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BETORE ADMISSION) NTY
24 2 24 1 24 1 24 1 2 2 2 4 1 2 2 2 2	8 4	RUID OD 136 COU	BOLLINGE YES NO 335 LOTTAINE AVENUE
thin thin	A COLUMN	THER'S NAME	15. MOTHER'S MAIDEN NAME
BALTIMORE, MARYLAND cot where of the rely fille open from the rely fill	-	Be O	MIDDLE LAST PIRST MIDDLE LAST
	14a. V	VAS DECEASED EVER IN U.S. AI	331.03 11030100
NO SEPTON		ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)
	=	10	24209 1842 Kuth Williams 335 Lorraine Avenue
ficot hysic pope novol		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH D BY:
			TECAUSE 101 Carolle P- Inchar - TIVES
No or policy or			DUE TO, OR AS A CONSEQUENCE OF
PRESTO		Conditions, if ony, which	(b)
>		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF
0 + p = 0 h		andenying coose lost.	(c)
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
Or the control or the	은	Modowi	na forthe Angur-sm
At RECORDS, he low require on. thos been sig t permit. Then ene prior to b	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION OR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
4 50 00	E	210. ACCIDENT WAS UNDERLYING	YES NO YES NO 216. HOW INJURY OCCURRED (ENTER NATURE CONTROL OF PART 2)
TYSICIAN: THe dring physicic ph		OR CONTRIBUTING CAUSE OF DE	THE PARTY OF THE P
SICIA ng p certif uriol-d tentol	ĕ.	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M. 19
WISION OF THE STATE OF THE STAT	MEDICAL	21d. INJURY OCCURRED	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREFT CITY OR TOWN COUNTY STATE
7		22a.1 certify that (I) (this hosp	ital) attended the deceased from 19 80, and that in (my) (our) pointing death accurred on the date and hour and from the course stated
A ATTENI hospital RECTOR: sed for us ppt. of Hee		sow the deceased live or obove, (1) (we) did i did n	19 b) . and that in (my) (our) opinion death occurred on the date and hour and from the causes stated
Fr Pep Fr		22b. SIGNATURE	DEGREE 22c. DATE SIGNED
TAL OR A y the hos RAL DIREC detoched detoched tote Dept.		1	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN A 23-66
SPIT A PER		224 PHYSICIAN'S NAME (TYPE	PRINT) 220. ADDRESS
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5 a 5 a 3	23a. E	URIAL, CREMATION, TANDVAL	
BP	P	PECIFY)	6-28-86 BALTIMORE BALTIMORE JUNTY M.J.
DHMH - 16 60M 7/73	24. Ft	INERAL DIRECTOR	25a. DATE REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
(VR A 15 (4))	11	NAME O Mass	The The Mark March JUN 21 1900 g



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) OF ESTI-R. 17/19 86 Milton DEATH MATED Jones 6/ 3 SEX 4. RACE DATE OF BIRTH IF LINDER LYR A AGE (IN YEARS IF LINDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED male black 9 25 1930 55 YRS DEAD 17/ 10 86 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS Md WIDOWED DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Disabled OR INDUSTRY 2502 Frederick Ave. Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 2502 Frederick Avenue 21228 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Baltimore Md 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Pearl Reese Jones James 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Henry C. Taylor 2446 Frederick Avenue 220-14-4735 Yes 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TE, WRITING THE WORD "
REWARDED TO THE CHIEF
R: PAGE 3 SHOULD BE USE
E STATE DEPARTMENT OF H
D, 21201 PRIOR TO BURIAL NO X YES 210. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE, N PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFIER DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Inquiry and in my apinion Natural causes X death resulted from: Undetermined manner TITLE (SPECIFY) ACTUAL 6/17/86 DATE Assistant SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. Penn St. (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION COUNTY STATE Mills MD 6/23/86 Garrison Forest Vet Owings Buria 07/84 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** March Funeral Home West 4300 Wabash Avenue wie Daydon Jandelle (VR A15 ME (5))



APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH wk 2 wks A SUPPLY SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (our) printon death occurred on the date and hour and from the causes stated 22 SIGNATOR DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF 13 36 PHYSICIAN DIRECTOR PHYSICIAND 22d PHYSICIAN'S HAME (THE ORPHON) 22e ADDRESS U. MD Ruderick 225, Treene 21201 23a BURIAL CREMATION REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b DATE 73d LOCATION **ESPECIES** CITY OR TOWN COUNTY STATE BURIAL JUNE 17, 1986 MD. VETERANS CEMETERY CROWNSVILLE MD. A.A. 74. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE HOME GLEN BURNIE, MD. 21061 SINGLETON

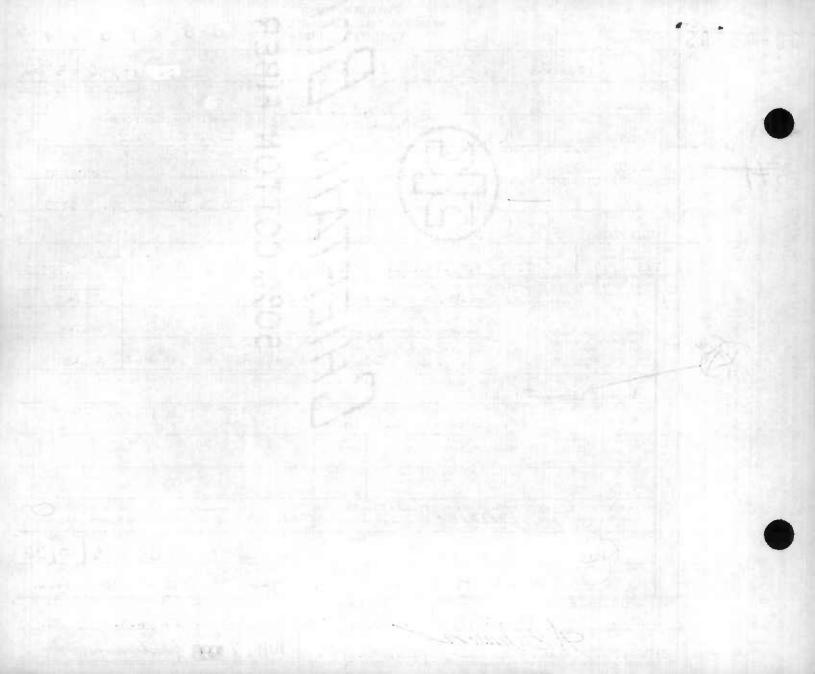
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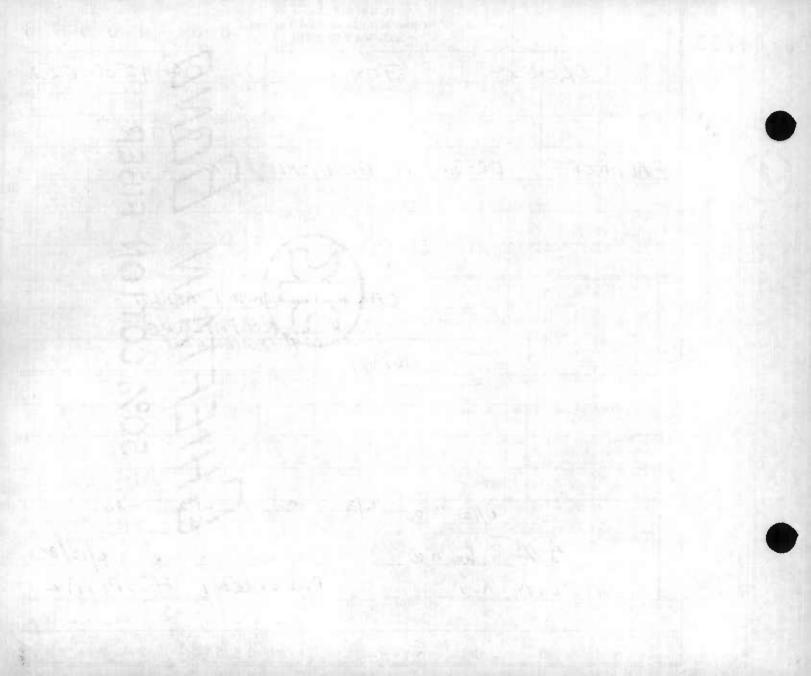
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23a BURIAL, CREMATION, REMOVAL

June26,1986 Loudon Park Burial ROBERTRE COR ALTENBURG FUNERAL HOME. INC. 6009 Harford Rd., Balto., Md. 21214

CITY OR TOWN Balto.

23d LOCATION

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IF UNDER 1 YEAR

126. KIND OF BUSINESS OR

Restaurant

21214

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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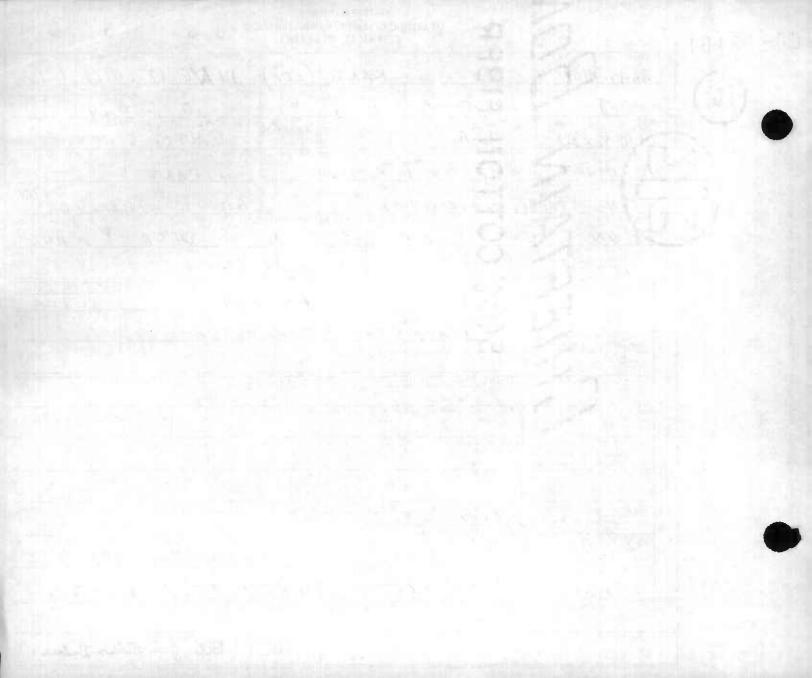
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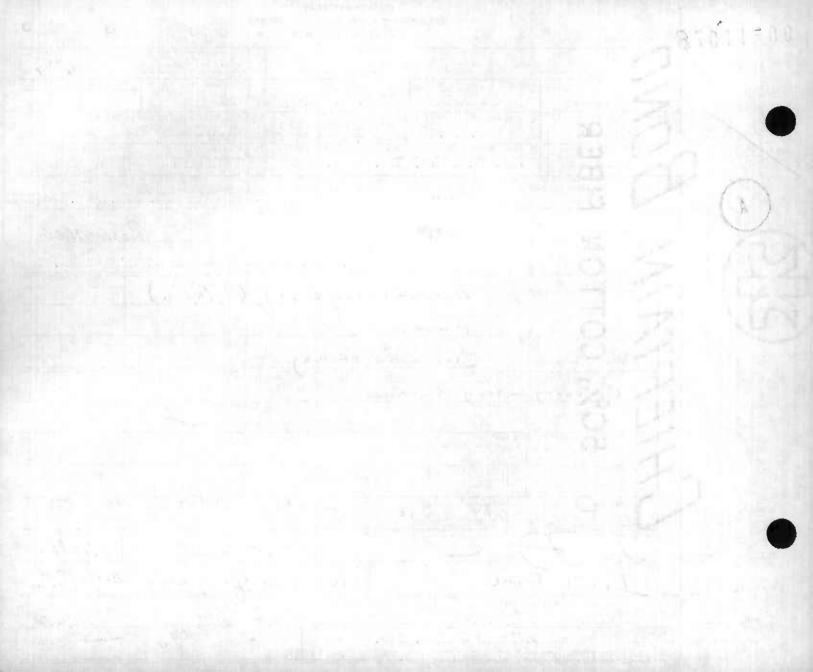
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ADDRESS 1050 York Rot.

Ruck Towson Funeral Home, Inc. Towson, Md. 21204 JUN 3

24 FUNERAL DIRECTOR

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STATE OF MARYLAND

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STATE OF MARYLAND

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y filled in by the funeral director, page or should be filed within 72 hours after death the contract of the c

STATE	OF	MA	RY	AND

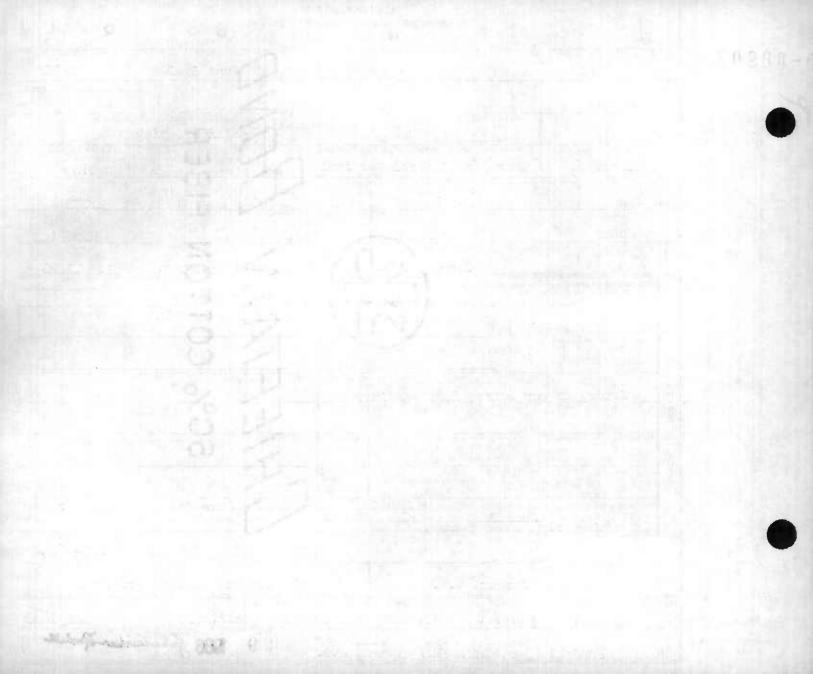
	1 -	FOR STATE REGISTRAR		DEPARTA		ICATE OF D		Ö	5 G. NO.	16	1 1	0
		CEASED NAME FIRST	A	AIDDLE		AST		20. DATE OF DEAT	H MONTH	DAY YEAR	2b HOU	IR
	,	MAGDELI	ENA		KEM	ERZUNAS	3	June .	3, 1986	5	3:15	iP M
	3 SE)	(4 RACE		5 DATE O			6 AGE INYEARS LA	ST BIRTHDAY)	MONTHS DAYS	IF UNDER	
		Female	Wh:	ite	10	1 DAY	1899	86	YRS		HOURS	MIN.
7/		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMORE CI				
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8	B	TY OR TOWN OF DEATH altimore	Mary 1	HOSPITAL, NURSIN H FACILITY, GIVE STREET A and Genes	cal Ho	or other insti ospital	TUTION	12d USUAL OCCU (TYPE OF WORK FOR M Private	OST OF WORKING	Nurs		SS OR
75	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	NTY	GIVE RESIDENCE BEFORE		13d INSIDE CIT	Y LIMITS? 1	13e STREET ADDRI		DE		
2	Ma:	ryland		Baltimor		YES X		909 Baya			223	
n	14 FA	THER'S NAME	MIDDLE	EAST	20 - N	15 MOTHER'S	MAIDENNAM					
K		Jonas	M D C C	Kemerz	unas		Ona	Milot	TE.	K	ezeni	us
/		VAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAN	1T	Al	DDRESS			
	(4	NO (IF YES, GI	VE WAR OR DATES)	215-30-6	5302	John S	iaurusa	aitis 909	Bavna	rd St.	2122	3
7	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT HISTORY OF COURT OF OPERATION	DUE TO, OF DUE TO, OF DUE TO, OF CONDITIONS CO		NCE OF NCE OF DEATH BUT Failu	NOT RELATED	Ayocard	lial Infa	rction	GIVEN IN PART 1		
4	TIFIC,	THE OF STERMINE	170 001101	HONTOK WINCH	OFERATIO	N WASTERIOR	MED	YES NO	IN CER	TIFYING CAUSE	S OF DEAT	H?
1	CER	210. ACCIDENT WAS UNDERLYING		FINJURY	V VEAD	21c. HOW INJ	URY OCCURRE	ED (ENTER NATURE OF				
1	AL	OR CONTRIBUTING CAUSE OF DE	101		19							
	MEDICAL	214 INJURY OCCURRED WHILE OT WHILE OF AT WORK	21e PLACE C		ARM. ETC.)	211 LOCATION	7	CITY	OR TOWN	COUNTY	S	TATE
		220.1 certify that (K(this hasp				30	. 19_86_	, to June	3	. 19_86	that X (v	we) lost
	5	saw the deceased alive an above, (Lilwe) (did) (dudge	June 3	ofter death.	86_, or	nd that in (m🗡 (our) opinion di	eath accurred on t	he date and h	our and from the	couses sta	ted
		22b. SIGNATURE	1		disc.	DEGREE				22 DAT	ESIGNED	
		M Dias)			PI	TENDING HYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN 🗗	6/	3/3	36
		22d PHYSICIAN'S NAME (TYPE O Michael	Diamont	, M.D.		22e ADDRESS	c/o Ma	ryland G	eneral	Hospita	1	
		URIAL, CREMATION, REMOVAL	23h DATE	23¢ N	IAME OF C	EMETERY OR CE	REMATORY	234 LOCATION				
	(:	Burial	6/6/86	i Lo	udon	Park Ce	metery	Baltimo	re	COUNTY	Maryla	and
	24 FU	INERAL DIRECTOR						REC'D BY REGIST				

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and should be detached for use as the buriol-transit permit. Then please remove corbompopers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remaval.

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

1986 Julia Devilent Porter JUN 9



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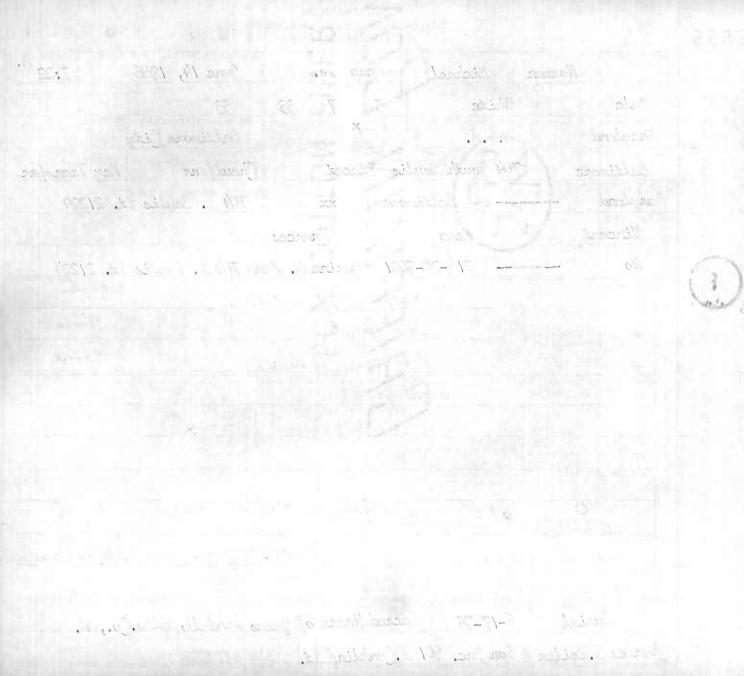
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		FOR STATE REGISTRAR			CERTIF	EALTH AND MENTAL HYGI ICATE OF DEATH	Ö Ö REG. NO		6 /	1	1
		CEASED NAME FIRST NORMO		ichael	11	emp Sr.	June 14,	1986	YEAR	7:22	A.
	3. SE	Male	4 RACE	e	5. DATE C	PF BIRTH YE333	6 AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 24 H	_
E		RTHPLACE ISTATE OR FOREIGN Naryland	U.S.1	4.	WIDOWE		9 BALTIMORE CITY O Baltimon	e (ity			MD.
0		ITY OR TOWN OF DEATH Baltimore AL RESIDENCE (IF NURSING MOME OR	7045	outh Bayl	is S	treet	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF	ON F WORKING LIFE)	Key 7	ransle	DR VZ
5	130M	aryland 136 COUL	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 136. CITY OF TOWN Baltin	N	YES XX NO		ZIP CODE S.	t. 212	24	
0		Vincent	WIDDIE	Kemp		15. MOTHER'S MAIDEN NAM	MIDDLE		LAST		
(160. V	VAS DECEASED EVER IN U.S. AR YES, NO DR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	218-28-5		Moxine M. Ker	np 704 S. B				
1		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per DBY: ECAUSE (o)	line for (a), (b), and	espu	natory arres	it.		APPROXIM BETWEEN O	NATE INTERVAL NSET AND DEA	TH
		Conditions, if ony, which gove rise to immediate	DUE TO, OF	R AS A CONSEQUE	NCE OF	egaly.			110	plars.	
		couse (o), stating the underlying couse lost	(c)	AS A CONSEQUE	tuite	my Tumor				ne.	
í	NOI	PART 2 OTHER SIGNIFICANT O	ONDITIONS <u>CC</u>	NONE		NOT RELATED TO THE TERMI	NAL DISEASE OR CONI	DITION GIVEN	IN PART 110		
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO NO	20b. IF YES, V IN CERTIFYII YES	WERE FINDIN NG CAUSES (GS USED OF DEATH?	
1		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	th l	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART	I 1 ORPART 2)		
'	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY EET FACTORY OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
		220.1 certify that (this hospi sow the deceased alive an above (1)(we) (did) (did no			12 35_, or	d that in (m) (our) opinion d	eoth occurred on the do	te and hour o		not (1) (we) ouses stated	
		anne L.	Leddy		mi	ATTENDING PHYSICIAN	MEDICAL STAF		6/16	IGNED 86	
	,	Anne L. Lede				337 Warren	Avenue				
		BURIAL, CREMATION, REMOVAL Burial	23b DATE 6-17-			Heart of Jesu	23d LOCATION CITY OR TOWN	Balto.	On M	STATE	
	- 40	ineral director harres S. Zeiler	& Son S		J	250. DATE		256 REGISTRA	R'S SIGNATU	RE Paralasse.	

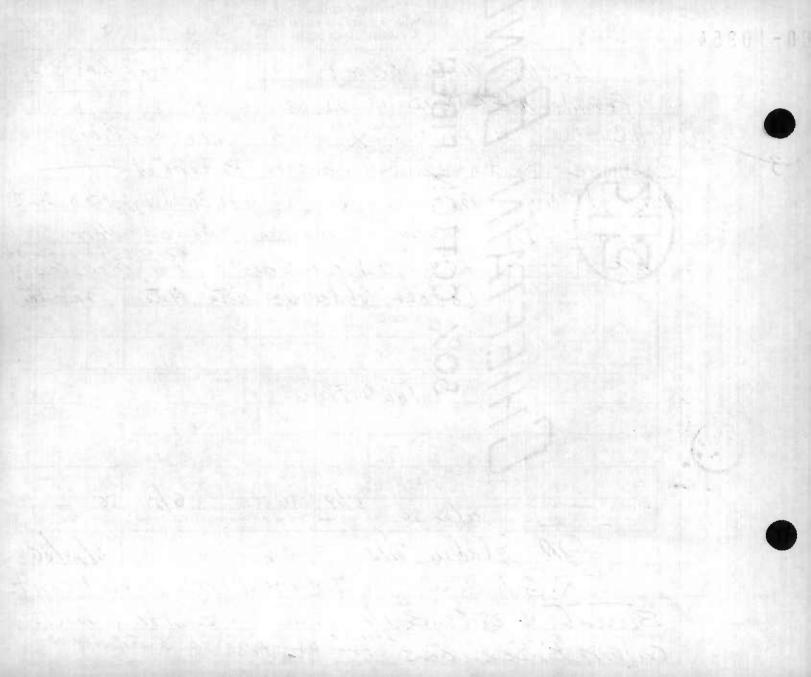
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IMPORTANT: If Hem 21 is marked ar Hem 18 shaws ony injury, ar other froum



				STATE OF MARYLAND		
10354	1.	FOR STATE REGISTRAR	DEPAR	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE B O REG. NO.	16/12
		EASED NAME FIRST	MIDOLE	U LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 15
on of the order		Lea	ler 11140	Kenney	Q	22 86 8 AM
4.5	3.56	F 1	A RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
0.7	2. 0.	remaile	Th CITIZEN OF WHAT COUNTRY	4 22 08	9 BALTIMORE CITY OR COU	
12 VO	M	the Compline	11 C A	MARRIED NEVER MARRIED	D. O.L	and City
1	18. C	TY OR TOWN OF DEATH		WIDOWED DIVORCED DIVORCED	128 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
170	I	seltimore	Dearth Hosp	tul+111ed wal Cent	en Remork FORMOST OF WORKIN	NG LIFE INDUSTRY
35	N	TATE 135 COU	NOTHER INSTITUTION GIVE RESIDENCE BEFOR		130 STREET ADDRESS / ZIP C	ODE 12 1 21 31
* -	11/1	THE SNAME	19 Rueim	15 MOTHER'S MAIDEN N	NAME NAME	ag ADI DO O DISOI
11700		Tames	5 Sn/7	h Melis	SA. AGNE.	S BARR
21 3		AS DICEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	es. Pacifics
Pool H	. 1	NO	217-01	6544 Viola 5	mith sta	nford, lonn
1000		CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line (a), (b), o	nd c / / e	1 .41 114	BETWEEN ONSET AND DEAD
0.00			TE CAUSE (0)	er esaounas	of and Mal	a moults
nate mate			DUE TO, OR AS A CONSEO	JENCE OF		
from the second	5	Canditians, if any, which	(b)			
o do o		course to stating the underlying course last	DUE TO, OR AS A CONSEO	JENCE OF		
lorio)		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TEL	RMINAL DISEASE OR CONDITION	GIVEN IN PART 1(g
100	NO.		140	Tuabeition		
66	CAT	HE DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
	E H				YES NO	YES NO
22 = 10	100	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR 216. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM	(18 PART 1 OR PART 2)
	HCA	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M. 21e PLACE OF INJURY	19 21f LOCATION		
P	MEC	MALE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
1 1		AL WORK	oital) attended the decegged from	5/19 1086	6 h	19 86 , that the (we) last
2 P		saw the deceased alive an	Ce/7270	0.0	on death accurred on the date and	
351		21% SIGNATURE	view the bady ofter death	DEGREE		224 DATE SIGNED
T B	5	TA	Makey	MASS ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4/23/86
TAN SE	18	22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS	1	1 1 11
MPORT		J. K.	Gladen	Dear	on Mec	Iscal Cent
	230 E	URIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	34.5	Sural	6-61-86 1	alto, Cem.	Da17	D. 100%.
16 50M 7/84	24. FL	NERAL DIRECTOR	ADDRESS	- Page 100	ATE REC'D. BY REGISTRAR 256 REC	Davidson-Varidate
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10700	1-	STATE REGISTRAR				ICATE OF I		8 6	NO.	6	/ 1 3
-10/28		CEASED NAME FIRST	MIDDLE		L	AST		20. DATE OF DEATH	MONTH E	DAY YEAR	2b. HOUR
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a do	3. SE		4 RACE		5. DATE O		7 J. TE	6. AGE (IN YEARS LAST		IF UNDER TYE	AR IF UNDER 24 HRS
ctors off	,	FEMALE	WHITE		10	4	1923	62	YRS.	AONIHS DAY	S HOURS MIN.
1 /20		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT	OUNTRY?	8 AAA PRIE	□ NEVER	MARRIED X	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
1 e 020		BALTIMORE	U.S.A.		WIDOWE		NORCED	BALTIM	ORE CIT	ΓY	MD.
1200	100	TY OR TOWN OF DEATH	11. NAME OF HOSPITA	GIVE STREET AD	DORESSI	R OTHER INS	TITUTION	12g USUAL OCCUPA (TYPE OF WORK FOR MOS Secretar	T OF WORKING LIFE	E) INDUSTR	of Business or RY Gen.Offic
19	JSU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESI	DENCE BEFORE A	DMISSION)						.Gen.Olli
1 11 164		RYLAND BALT	TREASON	y or town rbutus		13d. INSIDE C	NO X	13e STREET ADDRESS	DEN VIL	יאוויזבי	21227
tely the	14. FA	THER'S NAME					S MAIDEN NA		A TALL	TAOL	21221
d w	4.	Vernon	J.	Kerna	n	Ma	arv	MIDDLE		Stein	LAST LACALO
Cute Cute	16a. V	VAS DECEASED EVER IN U.S. AR		CIAL SECUR		17 INFORMA		ADD	PRESS	SCETIF	weate
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the be		18 CAUSE OF DEATH (Enter on				VCLIIOI	101110	Litary of . 7	1200 1		OXIMATE INTERVALEN ONSET AND DEATH
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on, o		Conditions, if any, which	DUE TO, OR AS A	THE THE		101	elastruc	bio-			
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ow remit prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION F	OR WHICH C	PERATIO	WAS PERFO	DRMED	200 AUTOPSY?			DINGS USED SES OF DEATH?
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ام کوی طبخ	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJU	JRY	DAM ETC)	211 LOCATE	ON	CITY OR	TOWN	COUNTY	STATE
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NDIN I or Use ouse tealth		220.1 certify that (1) (this hospi	ol) oftended the deceo		,61	26	, 19 86	, ta	26	19 86	, that (I) (we) last
TTE spito		sow the deceased alive an abave, (I) (we) (did) (did na	6 6 26 view the bady after de	19_A	, on	d that in (my)	(aur) apinion	death occurred on the	date and hour	and from the	he causes stated
OR A DIRECTOR A DORECTOR A DEPT.		22b. SIGNATURE				DEGREE				22c. DA	TE SIGNED
AL DAL DAL DAL DAL DAL DAL DAL DAL DAL D		17-Nasir					PHYSICIAN [MEDICAL ST	SICIAN (
HOSPIT FUNER FUNER Vuld be on the Str		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)			22e ADDRES	SS	enve, BALT	40 0	1228	51 .AC Cam
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5 \$ 5 4 3 2		URIAL, CREMATION, REMOVAL	23b. DATE	23c. NA	AME OF C	METERY OR	CREMATORY	23d LOCATION			
BP		Burial	6/30/86	Lo	udon	Park C	Cemetery	y Baltimo	re	COUNTY	Maryland
DHMH - 16 60M 7/84	24 FU	INERAL DIRECTOR		ADDRESS	21	.229	25e DAT	E REC'D. BY REGISTRA	AR 256. REGISTI	RAR'S SIGN	ATURE
(VRA 15, 4)	Hu	bbard Funeral H	Home, Inc.,	4107	Wilke	ens Ave	. JU	N 27 1986	Junear	without ha	

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

(B)	1	
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_	PEG NO	

		REGISTRAR					REG. N	O.		
		ENOLD INVITE	RST	WIDDLE	LAST		20. DATE OF DEATH		AY YEAR	2b. HOUR
				I	Kess					8;40,
	3 SEX	1.	4 RACE	5	MONTH DAY	YEAR	6 AGE (IN YEARS LAST BIR	[HDAY]	ONTHS DAYS	HOURS MIN.
	70 BIG	THE ACE ASSESSED	(N) (N) (N) (N)	E WHAT COUNTRY?	8 9	13	BALTIMORE CITY C	YRS	OF DEATH	
3				10		_	_	_		MD
8	В	altimore	Mary.	och facility, give street add	al Hospit		(TYPE OF WORK FOR MOST O	F WORKING LIFE	INDUSTRY	1
2						CITY LIMITS?	STREET ADDRESS	ZIP CODE	TAIR	ı
2			er middle or	NIBIN		Paper	HA h. Sa		2112 1AS	2
2				166 SOCIAL SECURIT	Y NO. 17 INFORM	ANT	ADDRI	E/120	SASTA	nd
J		18 CAUSE OF DEATH	nter anly ane cause p	er line for (a), (b), and (c	0				BETWEEN	IMATE INTERVAL ONSET AND DEATH
				Chronic I	Renal Fai	lure				
		Part of the								
			nich (b)	Severe per	ripheral	Vascula	r Disease			
		couse (a), stating	the DUE TO.	OR AS A CONSEQUENC	E OF				1331	
			(c)_	CONTRIBUTING TO DEA	TH BUT NOT BELATE	D TO THE TERM	IN AL DISCASS OR SON	DITION CIVE	TALIBADADA I.	
	Z	PART 2 OTHER SIGNIFIE	CANT CONDITIONS	LONINBOTHNO TO DEA	BOT NOT KELATE	D TO THE TERM	IIINAL DISEASE OR CON	DITION GIVE	IN IN PART IS	
7	ATIC	190 DATE OF OPERATION	19b. CON	DITION FOR WHICH OP	ERATION WAS PERF	ORMED	20a AUTOPSY?			
	TIF						YES NO		_	NO [
-			110110		VEAR 21c. HOW	NJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART ORPART 2)	
7	CAL		E OF DEATH		19					
	EDI	21d. INJURY OCCURRED	(AT HOME				CITY OR TO	IWN	COUNTY	STATE
	~	AT WORK AT WORK		Married Cross		0.0		0	0.0	
		220.1 certify that (x) (the	s hospital) ottended	the deceased trottl			, 10		7	
	SEX									
		226. SIGNATURE	2001 / 24	mD	DEGREE	ATTENDING	MEDICAL STA	FF .	22¢ DATE	SIGNED
		224 PHYSICIAN'S NAME	CIVE OF PRINT) 110	1220 ADDRI	PHYSICIAN [6/	8/80
				D	THE ADDRE	.00				312012
	22- 0				AF OF CEMETERY OF	CDF	Tast LOCATION			
	130 B	(PECIFY)					RITY OR TOWN	enla	2015 2	STATE
	24. FL			/ -	7				RAR'S SIGNAT	

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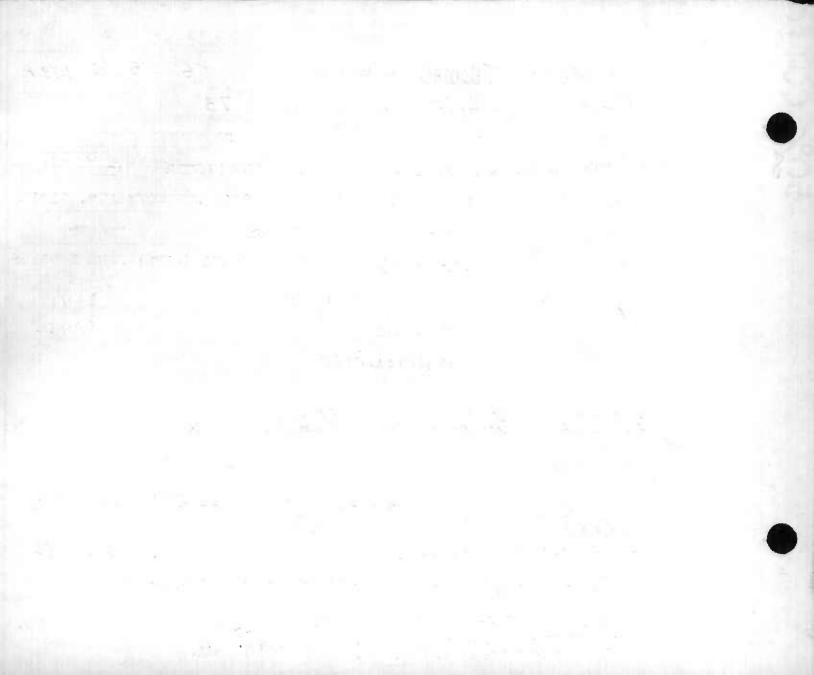
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APORTANT: If Hem 21 is morked or Item 18 shows ony

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	500		STATE OF MARYLAND		-0			
0-09602	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	8 6 1 6 / 1 5)			
0 0 0 0 0	1 DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR	0			
noy be poge 3	Louise		Kettenring	6/14/86 10:15				
mo)	3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24	HRS			
ge 4	Female	White	July 4, 1901	84 YRS.	AIN.			
th Po	TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH	714			
117/	Washington, D.C.	U.S.A.	WIDOWED DIVORCED	Baltimore City	MD,			
200 V	Baltimore	1000 S. Cator		120 USUAL OCCUPATION (TYPE OF WORKFOR MOST OF WORKING LIFE) Seamstress 12b. KIND OF BUSINESS INDUSTRY Etta Gown Shop	OR			
AND 2120	North Carolina	or other institution, give residence before UNITY 136 CITY OR TOW Hampste	ad 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 500 Hoover Road 28443	79			
BALTIMORE, MARKLAND cote be executed within 24 sysicion, and completely filler opers. Pages 1 and 2 should wal. nt, the medical exemner mb	14 FATHER'S NAME FIRST Karl	MIDDLE Harper	15. MOTHER'S MAIDEN NA FIRST Kather	ine Koehler				
ORE, xecur ges 1	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, O	SIVE WAR OR DATES)		ADDRESS				
TIM S. Poo	No	215-03-	6352 Louise M. St	ingleton Same as # 13 L BETWEEN ONSET AND DE.				
(DS, 201 W. PRESTON ST., iquires that the death certification is signed by the attending phone or corbang to burral, cremotion, or remoniary, or ather traumotic even	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEOU DUE TO, OR AS A CONSEOU OUE TO, OR AS A CONSEOU CONDITIONS CONTRIBUTING TO	ence of	NINAL DISEASE OR CONDITION GIVEN IN PART 110				
L RECOR	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO	,			
SION OF VITAL R PHYSICIAN: The I ending physicion. this certificate hos the buriol-tronsi pe and Aentol Hygiene d on them 18 shows	00 000 170 00 170 10 00 00 00	DEATH HOUR A.M. MONTH D.	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)				
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires th other this certificate has been signed to stime buriol-tronsit permit. Then plea th and Mental Hygiene prior to buriol, orked or Item 18 shows any injury, are	OKCONTRIBUTING CASE OF FIFTHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	21f LOCATION	CITY OR TOWN COUNTY STATE				
ATTENDIN spital or CTOR Af I for use o c of Heolifi	low the deceased olive	spital) ottended the deceased from on 6 14 19	, and that in (my) (aur) apinian	, to, that ++ (we) death accurred on the date and haur and from the couses stated				
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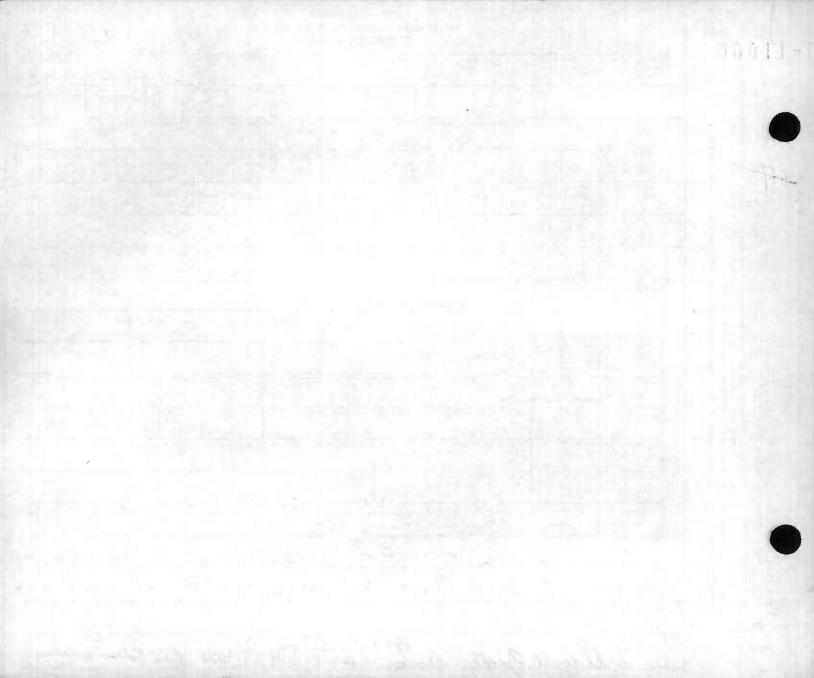
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TAL REC	CERTIFICATION	190 DATE OF OPERATION 6-3-86 710. ACCIDENT WAS UNDERLYIN	Sir 21b, TIME O	grenous FEINJURY	Bonel	- Persta - Persta Tic HOW INJUR	ouiti	YES NO	IN CERTIFY	YING CAUSES	OF DEATH?
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DHMH - 16 50M 4/83 (VRA 15, 4)		FUNERAS CHIMUNE 3331 Br	ehms Lan	e, Balt	o. Md	2121	JUN	REC'D. BY REGIST	Julia Da	udson-R	indate



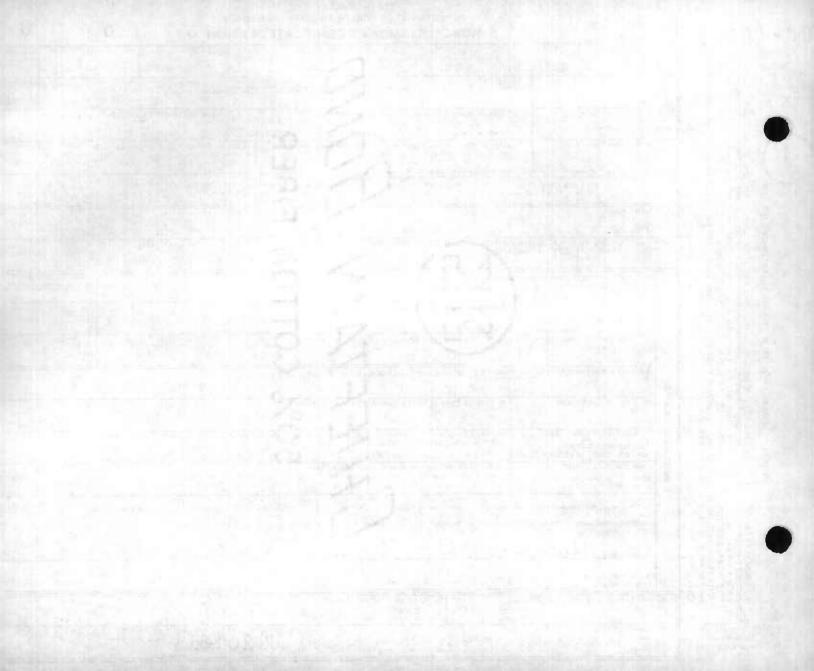
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NG PHYSICIAN. The low requires that the death certify	been signed by the attenment. Then please remove a prior to burial, cremation, any injury, or other trauma		which hediate g the last DUE TO, OR AS IFICANT CONDITIONS CONT	A CONSEQUENCE OF A CONSEQUENCE OF RIBUTING TO DEATH BUT N FOR WHICH OPERATIO			AL DISEASE OR CONI	20b. IF YES, WERE FINI	DINGS USED
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A LENDING	haspital or of RECTOR: After red for use as t pt. of Health or rem 21 is mark	saw the decease abave, U (we) (c	(this haspital) attended the de ad alive on 6 200 id (did not) view the bady afte		nd that in (my) (a	1955 Jur) apinian dec	ath accurred on the do	te and hour and from t	, that (I) (we) last he causes stated
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	BP	SPECIFY Burial 24 FUNERAL DIRECTOR		7'861st Un		vangel	ical Bal		Maryland
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BALTIMORE	ULD BE EXECUTED WITHIN 24 HOURS AFTER DE "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES FF MEDICAL EXAMINER ALONG WITH FORM BEAS SA BUSHALL "TRANSIT PREMIT, PAGES 1 AP HEALTH AND MENTAL HYGIENE, DAYISION ON AL, CREMATION, OR REMOVAL.	(Y	ES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)		2-94-3			ora Gi	o a b a m			nic	Calco	Da	- d
*				F DEATH (Fater on	lu can causa ans li			320	Panu	ora Gi	anan	7502	J0hni	nie		MATE IN	
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ZDS,			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).														
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I E	SHOULD BE CHIEF MEE E USED AS T OF HEALT	CERTIFICATION	190. DATE OF	OPERATION	196. CON	DITION FOR	WHICH OPER	ATION W	AS PERFOR	MED?					20 AUTO	PSY?	
VI	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CRRITIFICATE, WRITING THE WORD,"P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WILL THE STATE DEPARTMENT OF HE BADTIMORE, MARYONID, 21201 PRIOR TO BURIAL,	E						16.5	1		SI 17				YES	X	NO 🗌
DIVISION OF VITAL RECORDS,			210. EXTERNA	L CAUSE WAS	216. TIME	OF INJURY	DAY YEAR	21c HC	OW INJURY	OCCURRED	(ENTER NA	TURE OF INJURY II	N ITEM 18 PART	1 OR PART	2)		
		MEDICAL	CONTRIBUTION	NG CAUSE OF						drown	ned i	n swim	ming r	cool			
N N	DEP DEP	9	21d INJURY C	CCURRED	STREET E	E OF INJURY			TREET			CITY OR TOWN		COUN	TY		STATE
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			death resulted Iram: Natural causes , Accident X, Suicide , Hamicide , Undetermined manner ,														
			NI TITLE (SPECIFY)														
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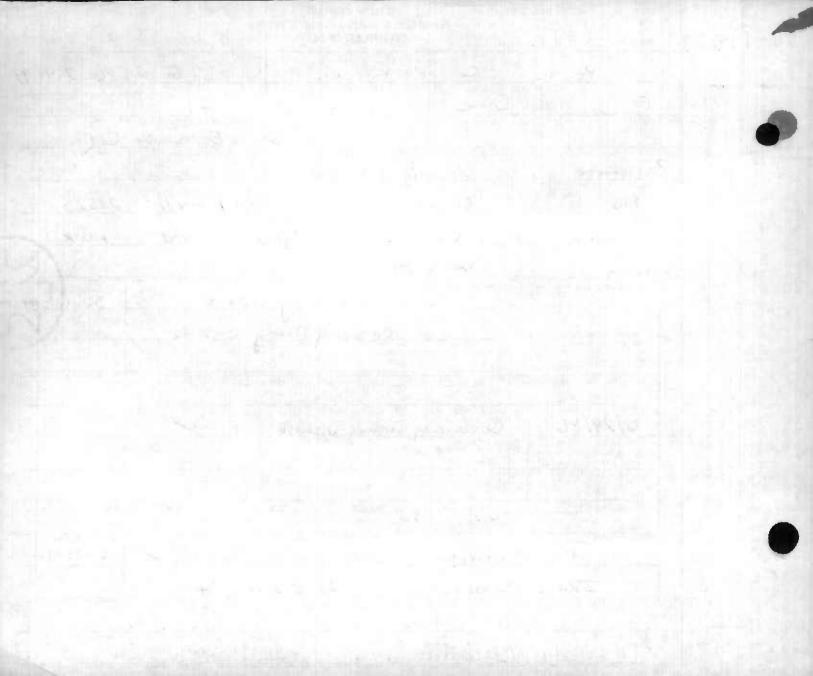
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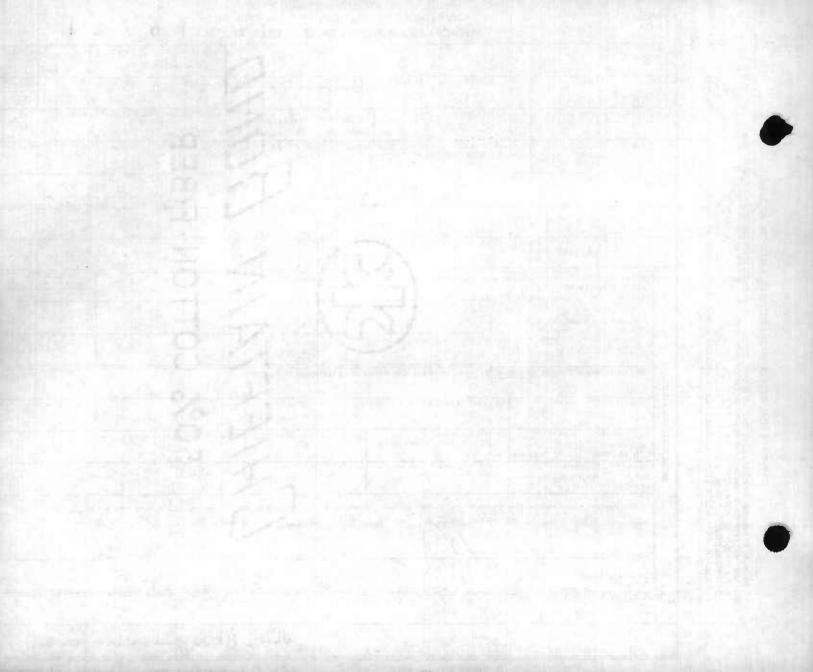
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

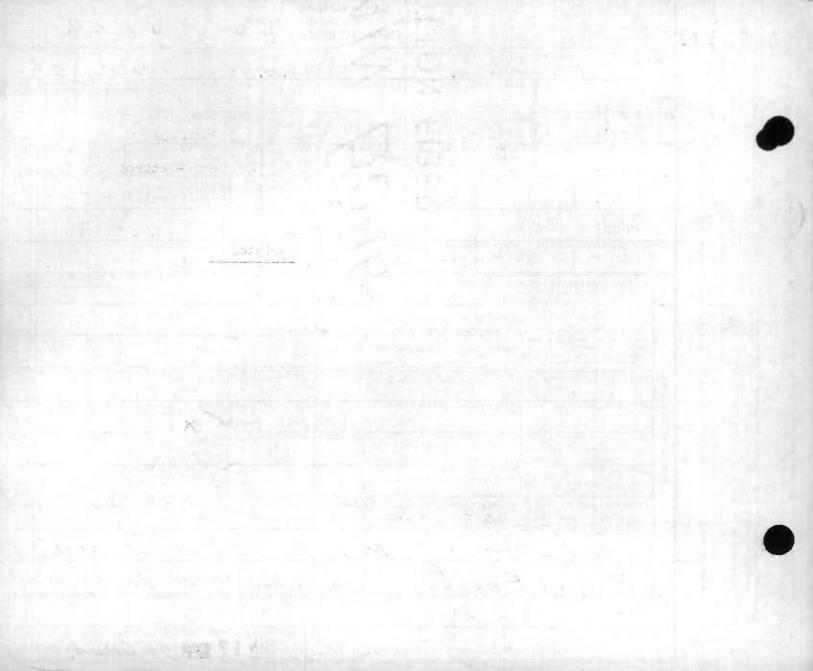
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) Edward deo 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF LINDER 2 LHRS 3. SEX 5. DATE OF BIRTH MONTH YEAR White 31 Male 11 54 76. CITIZEN OF WHAT COUNTRY To. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland Balto. City WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Balto. Car Man -Retired Agnes Hosp. Railroad USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 130 STATE 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Balto. Md. 545 Wellesley St. 21229 NOF 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Kircher Louis Bertha Raymond May Kettleband 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 218-26-723 Christine Kircher Mrs. Same as 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPS 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? d YES he burial-tronsit nd Mental Hygie 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 210. ACCIDENT WAS UNDERLYING 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION à CITY OF TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an, 8 100 and that in (my) (our) apinion death occurred an the date and have and from the causes stated 40 abave, (1) (we) (did) (did not) view the bedy after death 22b. SIGNATURE DEGREE 22c DATE SIGNED should be detach ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS 274. PHYSICIAN'S NAME (TYPE OR PRINT) 0 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN (SPECIFY) COUNTY STATE 6-12-86 Removal 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Anatomy Board Balto., Md. (VRA 15, 4)

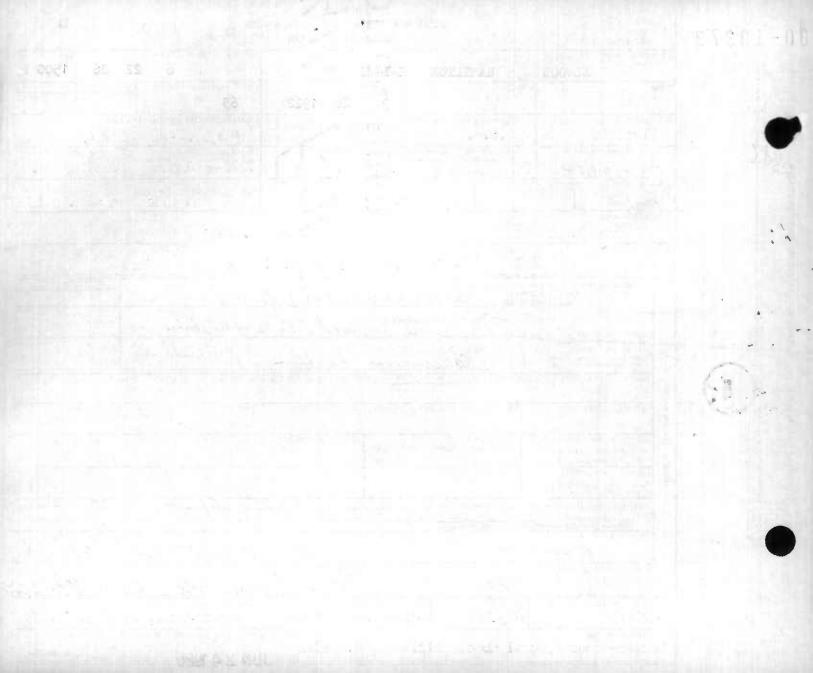


FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH O REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 7h HOUR ELLA KITZINGER JUNE 24 1986 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR MONTH DAY YEAR DAYS HOURS 1939 Female White 10 23 46 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED [BALTIMORE CITY CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR DT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Own Home BALTIMORE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME IN HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION, 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Maryland Baltimore Dunda 1k NO K 7836 St. Gregory Drive 21222 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE D. Carl Cotherman, Sr. Virginia E. Hall 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17. INFORMANT IYES NO OR UNKNOWN HE YES GIVE WAR OR DATES! 217-40-3967 No Carl D. Cotherman, Sr. Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY hours reportation IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF aspiration Canditions, if any, which Chronic. gave rise to immediate cause (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause last. 10 Radiation resculop ather Michigant PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO T 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY ŏ CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET Pa NOT WHILE WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased olive an ALSW 67 abave. (1) (we) (did) (did nat) view the bady after death 06 and that in (my) (aur) apinian death accurred on the date and haur and fram the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN [DIRECTOR PHYSICIAN MPORTANT 22d. PMYSICIAN'S NAME LTYPE OR PHIL 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION CITY OR TOWN Burial 6/28/1986 Meadowridge Dorsey Howard Maryland 24 FUNERAL DIRECTOR Duda-Ruck, Inc. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 (VRA 15, 4) Dundalk, Maryland 7922 Wise Avenue 21222

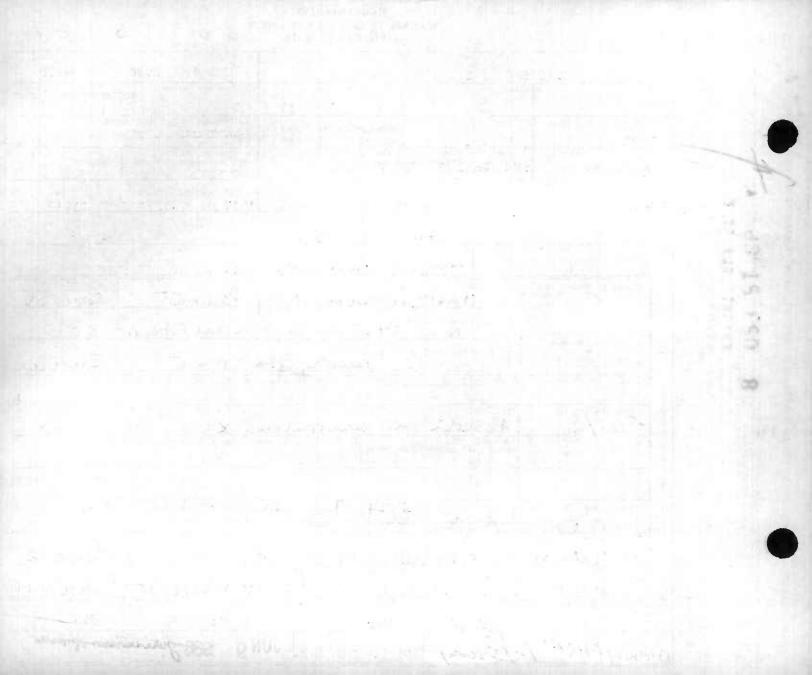
STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) SARAH JUNE & AGE (IN YEARS LAST BIRTHDAY) FEMALE CANCASIAN JAN 10 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED ANTIMORE CIT VTIMERE NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION HOUSEWIFE HE NURSING HOME OR OTHER INSTITUTION ITS COUNTY 13e STREET ADDRESS / ZIP CODE BALTIMORE FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE BENJAMIN FANNIE UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO LAWRENCE A. APPLESTEIN 17 INFORMANT IYES NO OR UNKNOWN! (IF YES, GIVE WAR OR DATES) NO 220-07-8435 605 FARMHUST RD. BALTO, MD 21208 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO IT 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) SIRRET CITY OR TOWN COUNTY STATE NOT WHILE 220 I certify that (this hospital) attended the deceased from saw the deceased alive an abave. (we) (did) (diff) view the body after death and that in (aur) opinian death accurred an the date and haur and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SJGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS d b BROW GORGATRIC CENTER + 230. BURIAL, CREMATION, REMOVAL 23b DATE SPECIFYBURIAL 6/18/86 MIKRO KODESH-BETH ISRAEL BALTIMORE SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 010 REISTERSTOWN RD. BALTO. ADOMD (VRA 15, 4)

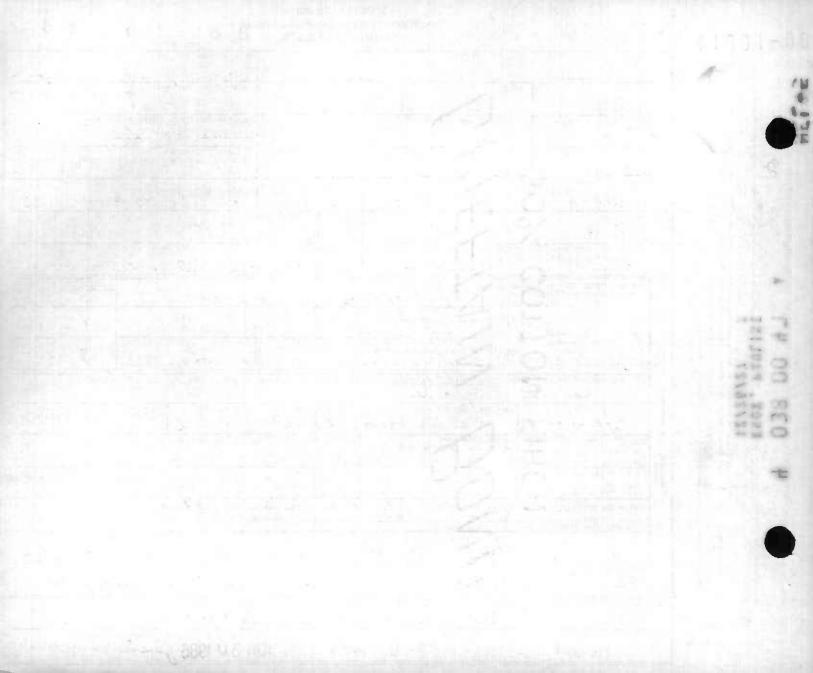
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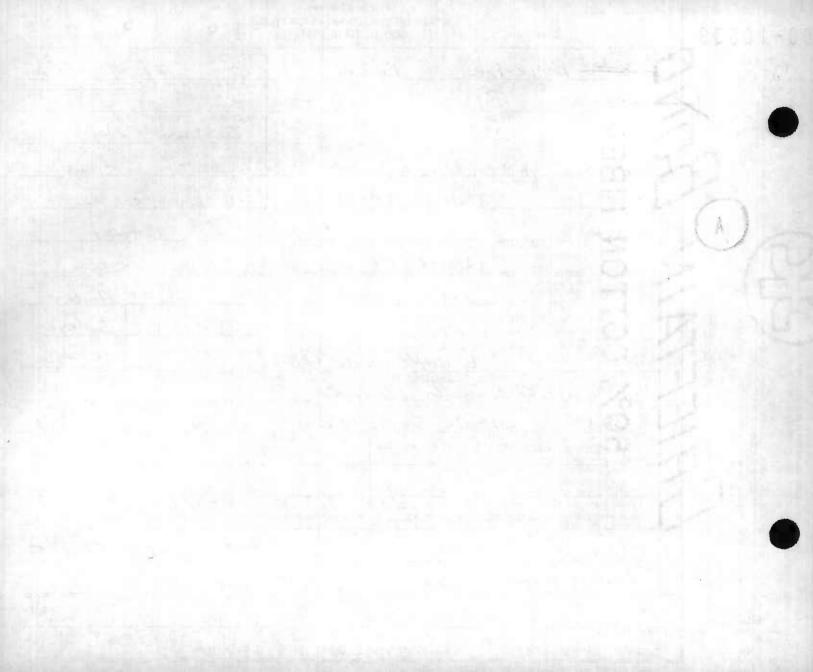


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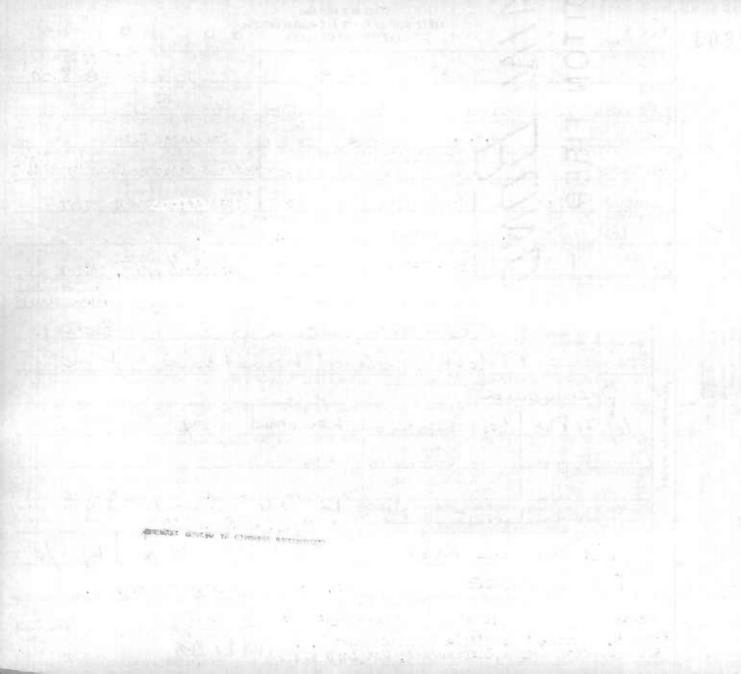


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE. 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME LAST 20 DATE OF DEATH MONTH 7b. HOUR (TYPE OR PRINT) PAULINE KNOX JUNE 26 1986 6. AGE (IN YEARS LAST BIRTHDAY 4 RACE IF UNDER 1 YEAR 1. SEX 5 DATE OF BIRTH 27 Black 26 58 Female BALTIMORE CITY OR COUNTY OF DEATH . BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY New York WIDOWEDY DIVORCED [] IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17% KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY BALTIMORE JOHNS HOPKINS HOSPITAL ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13. STREET ADDRESS / ZIP CODE 1758 E. Preston Street 21213 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore Maryland YES IX NO [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Be 1 do Lorenzo D. DAvis Rose MAN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 231-20-4900 Juanita R. Wiley 1202 N. Bradford Street Unknown APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: mod LODULMON my 5 MIN IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF DNEUMONIA Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. IMMUNOCOM promise devoyatonyo PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? er for sted bow Q NON NO [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d. INJURY OCCURRED 71e PLACE OF INJURY COUNTY CITY OF TOWN STATE (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 86 saw the deceased alive an_ and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME LITYPS OR PRINT 22e ADDRESS 230 SURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 236 DATE STATE BURTAL Baltimore. 7/1/86 Baltimore National Cem. Md. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 March Funeral Homes1101 East North Avenue (VRA 15, 4)

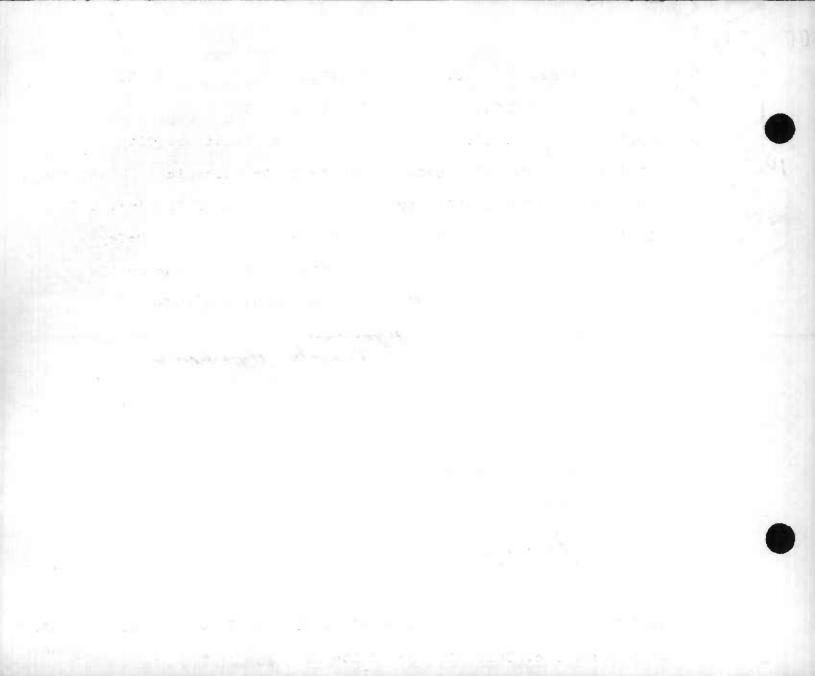




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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH 26 HOUR LIYPE OR PRINTS 1. SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED T ER'S NAME IN U.S. ARMED FORCES HILLOR UNKNOWN) I (IF YES GIVE WAR OR DATES) 3308 WESTEIE JOHN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
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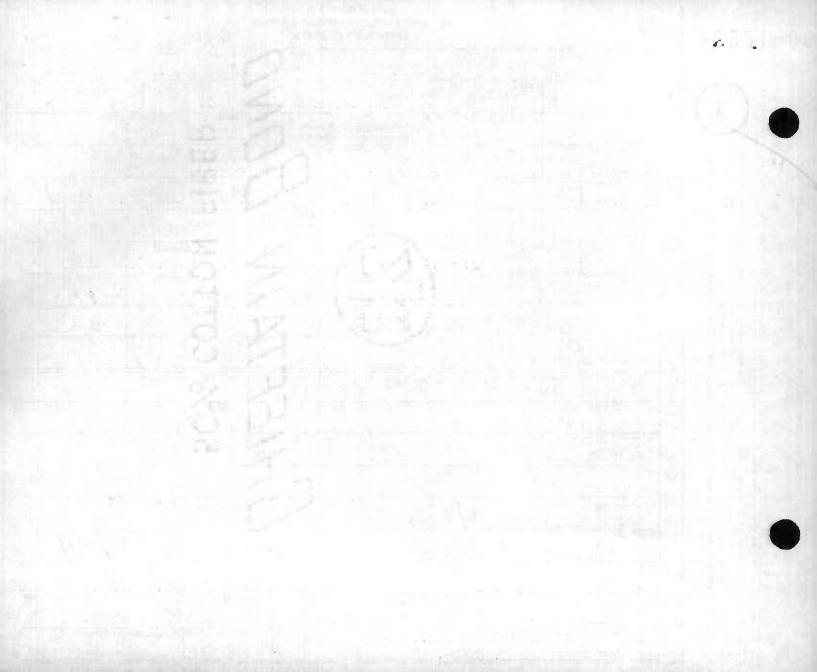
SERTHA KOWALCZYK JUNE 16 1986 835 NON 381884 88 POLAND USA X EALTO CATY BALTIMORE 63/N LINWOOD AVE HOUSEWIFE MP - BALTO X ESTN HINWOOD AVE STAMISLAW BOLINGA MARYANNA KALICKA \$10 ×8-7314 No TO LOUIS ON ACTUAL NO. EL 20 SI-0 37 DI-11 36 SI-0 XXXXXX 30-01-1 TELLED, Torres, H.D. 441 . Mich ed age. Builto. Hi. C. Salv BURIAL 6/18/86 HOLY ROSARY DUMPALK MP. LE RELEASE IN THE SHEET OF THE STEP IN THE STEP

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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TTENDIN pital ar TTOR. Af for use a af Health	A	220.1 certify that (1) (this bospit saw the deceased alive on above 1) (we) (did) (did no		, 19, 19, and that in (my) (aur) opi	nian death accurred on the date and	thou and from the causes stated
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bo. bos bee permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	IN CERTI	S, WERE FINDII FYING CAUSES ES	NGS USED OF DEATH?
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ATTI Ospit G for it. of m 21		sow the deceased alive or above, (1) (we) (did) (did no	ot view the body	ofter death.			leath accurred on the date and how	ond from the	couses stated
OR he he ho oche		22b. SIGNATURE	and P	I d made	1 1	PEGREE MYAITENDING _	MEDICAL STAFF	1/5	186
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Should be should		urial, cremation, removal specify) BURIAL	JUNE 2	23c N	SHAAR	METERY OR CREMATORY EI ZION	23d LOCATION ROSEDALE REC'D. BY REGISTRAR 256 REGIS	BALTO	. STATE

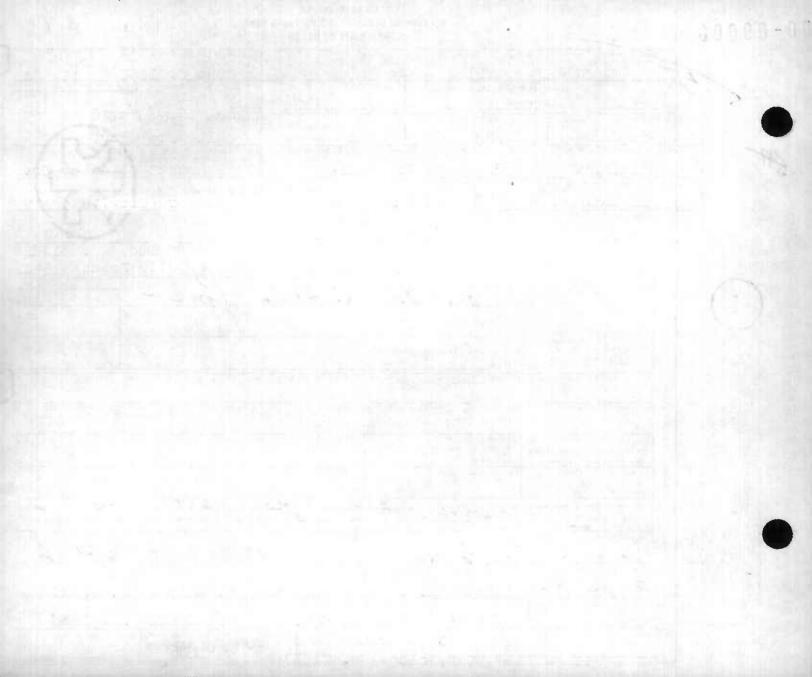


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	E	1)	I. SE	X	4 RACE	5. DATE (6 AGE (IN YEARS LAST BIRTHDA		IF UNDER 24 HRS
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	geat	11	8		Virginia	USA	WIDOWE	DIX DIVORCED	Baltimor	ce City,	MD.
1	HE	21 /		10 C	TY OR TOWN OF DEATH	 NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE 		OR OTHER INSTITUTION	12a USUAL OCCUPATION		BUSINESS OR
65	11.5	13 C	8		Baltimore	8005 Gough	St, 2	1224	Real Estat	Realt	y Co.
22 2	72	70	26	HUSU 13e	AL RESIDENCE IN HURLING HOME OF	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREFT ADDRESS / ZI		
AND	24	11	R.		Maryland 📿		imore	YES NO	8005 Gough		4
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× ×	9	14			Howard	Bal	ser	Mary		Bal	
ORE	8	900	Dico.		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS	alto, Md.	21222
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EST	oup	thou at	000		Canditions, if any, which	(b)					
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5, 2	#	en pa	, de	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN IN PART 110	
ON	ā	A Th	2	CERTIFICATION	19a DATE OF OPERATION	Tini constituitori son					
REC	4	d H d	4	FICA	148 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	11	b. IF YES, WERE FINDING CERTIFYING CAUSES C	OF DEATH?
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risio	7.5	147	0	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
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	NA TO	# S#			saw the deceased alive an	5/15/86		nd that in (my) (our) apinion (death accurred on the date of		nat (I) (we) last
	4 0	Pt o td			abave, (1) (we) (did not 122b. SIGNATURE	view the bady after death.		DEGREE		22r. DATE SI	
	0 2	000		1	Onul P	PI. Ih	0	ATTENDING	MEDICAL STAFF	- 11/11	161
	D. P.	Spin State	7		274. PHYSICIAN'S NAME (TYPEOR	PRINT	4	PHYSICIAN L	DIRECTOR PHYSICIAN	16/9/	16
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	BP_			. (SPECIFY)				CITY OR TOWN	COUNTY	STATE
					Burial INERAL DIRECTOR	6/11/86	Oak1	awn Cem.	Baltimor	e, Maryla	na
		- 16 60M 7	7/84		NAME	3.3	31 Bre	hms Lane 250. DAI	DUN 1 LI TURE	REGISTRAR 3 SIGNATUR	VC
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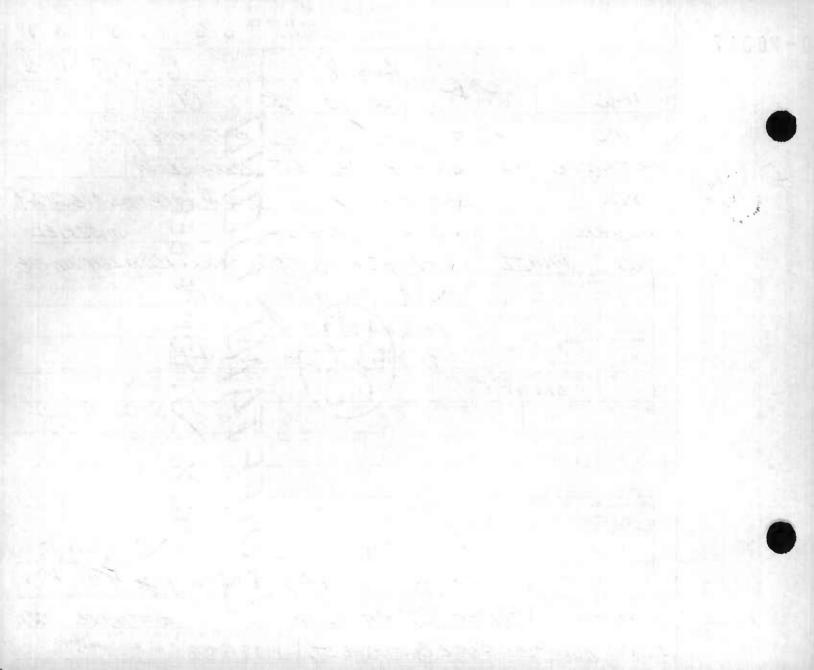
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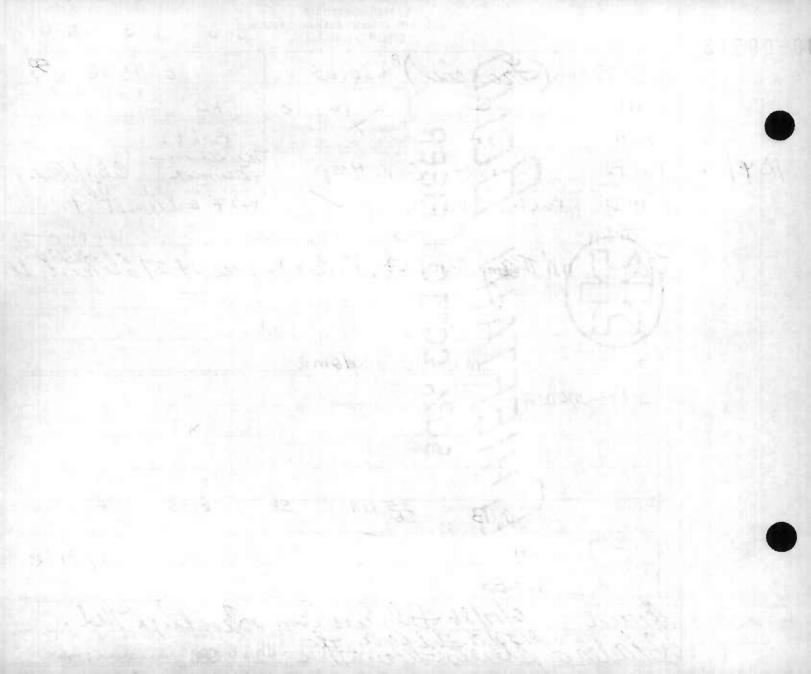
0847	1-	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	BIENE 8 6 REG. NO.	16/39
by be coge 3	(TYPE	OR PRINT) LLU FIRST LLU	WIDDIE	Kulbiki	20 DATE OF DEATH MONTH	28 82 1054 N
one 4 mi	3. SE.	well	White	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
decon		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COL	SCITY MI
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	13a S	AL RESIDENCE (IF NURSING HOME OF ATE		PRE 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 152 N.LAKE	inop AVE, 2122;
1 120	1	THER'S NAME FIRST DICHBEL	MIDDLE KULBICA	15. MOTHER'S MAIDEN NA FIRST JEONIGA	MIDDLE	MISZKIEL
in ond o		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SECU VE WAR OF DATES) 2/6-0/-	GOT MARGACET	KILBICKI 15	N-LAKEUMO BIL
g physico g physico don-paper rembroli.		PART I. DEATH WAS CAUS	nly ane couse per line for (a), (b), and ED BY: TE CAUSE (o)	Thirepr. to	y crest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
attending of the control of the cont		Canditions, if ony, which gave rise to immediate	DUE TO, OR AS A CONSEQUE			
d by the lease re- rol, crees or other		couse (a), stoting the underlying cause lost.	DUE TO, OR AS A CONSEQUE	proged UH	Ant stitil	
equires 1. Then p or to bur y injury.	TION	an	conditions contributing to a		NINAL DISEASE OR CONDITION	
The law class.	CERTIFICAT	19a. DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO NO	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
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ATTENDI Applial or CTOR a of Heal	d	saw the deceased alive as	ital) attended the deceosed fram	, and that in (my) (aur) apinion	death occurred on the date and	haur and from the couses stoted
TAL OR ho		22b. SIGNATURE	Inmit.	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	C-28-80
O HOSPI O FUNE O	1	222 PHYSICIAN'S NAME (TYPE)	F. Commit	FSKMC	Keston Av	7. B.H, MD
BP	1	URIAL, CREMATION, REMOVAI	7/1/86 ST	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	ETIMORE MO
DHMH-16 30M 2/80 (VRA 15, 4)	24 FI	INERAL DIRECTOR NAME DABROLOS KI 9	50N 2818 EPS	250. DAT	REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE

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OF AS A DVI AND



	1			STATE OF MARYLAND			
-09513	1	FOR - STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 0	167	40
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184		Balt.	SO Balt		Hilaland	OF WORKING LIFE)	lak.
24 hauri filled in ould be f	USU 13a	AL RESIDENCE (IF NURSING HOME OR C	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		13e STREET ADDRESS		4/238
rhin sp. sh.	14 F	ATHER'S NAME	et. Balt.	YES NO 15. MOTHER'S MAIDEN N	1427 E	Clement 5	Ti-
ontole ontole		John	Kupre Kupre	S Theres	sa MIDDLE	Wer	ner
n ond to	160	WAS DECEASED EVER IN U.S. ARA Festing or unknown) (IF) E	160 SOCIAL SECUR	ITY NO. IT INFURMANT	ADDRE	124119	1230
m 0 v 0 l	H	8 CAUSE OF DEATH (Enter only	Change 1 - 1 - 1 -	4T Sumar	upres 14	2/ GRIM	MATE INTERVAL
- 000 a		PART I. DEATH WAS CAUSED IMMEDIATE	8Y. // / - 11	pulmonary	Arrest	BETWEEN	INSET AND DEATH
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Then produced in the produced	No	0	onditions <u>contributing to d</u>	EATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN IN PART 110	
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VOING F After Seed its Seed its		270.1 certify that (I) (this haspite	all attended the deceased from	5/19 10 81	6 10 6/1	3 1986	hat it (we) last
ATTER SUB-ID STORY		saw the deceased glive on_ abave. (I) (we) (did) (did not	view the Vody after death.	and that in (my) (our) opinio	n death occurred on the do		
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HOSPITAL med by th FUNERAL did he des the Store	1	216 FHYSICIAN NAME (1100 ON	Patel	PHYSICIAN 77* ADDRESS	DIRECTOR PHYSIC	MAN 6/1	2/86
TO FUN Phonist In			ONES				
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(VRA 15, 4)	1	Talles of	Meren	eres the	UN 1 6 1986	Felia Davidson A	indese



				STATE OF MARYLAND		
00051	1.	FOR - STATE	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8 6	16/41
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page 3	3 SE		A RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRT	- 10 (V) / 0 / 30 / m
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24 h	130	STATE 136 CO	OUNTY 136 CITY OR T		13e.STREET ADDRESS /	
sho sho	14. F.	ATHER'S NAME		15 MOTHER'S MAIDEN N	2837 Lake	Ave. 21213
3 12 1		FIRST	MIDDLE LAST	FIRST	WIDDLE	LAST
100 and 100 an	16n \	Henry WAS DECEASED EVER IN U.S.		acke Katherin	ADDRE	Kolbe Kolbe
Poge		YES, NO OR UNKNOWN) (IF YES	S. GIVE WAR OR DATES)			
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physicia popers. navol.	10	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	er only one couse per line for (o), (b)	ond ici.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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hos bi	5	IN DATE OF OPERATION	178 CONDITION TOR WIT	TICH OFERATION WAS PERFORMED	ZUB AUTOFST:	IN CERTIFYING CAUSES OF DEATH?
the state of	E .				YES NO	YES NO
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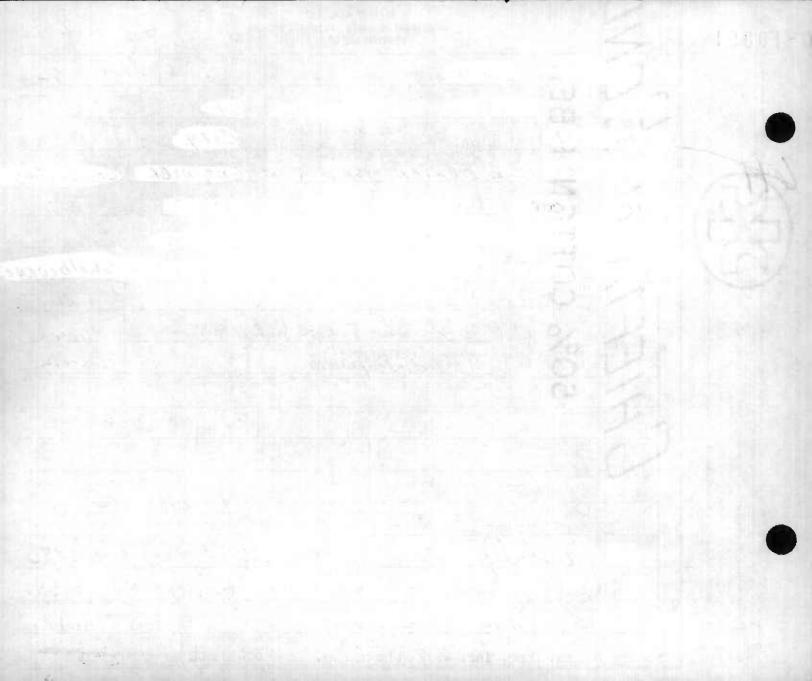
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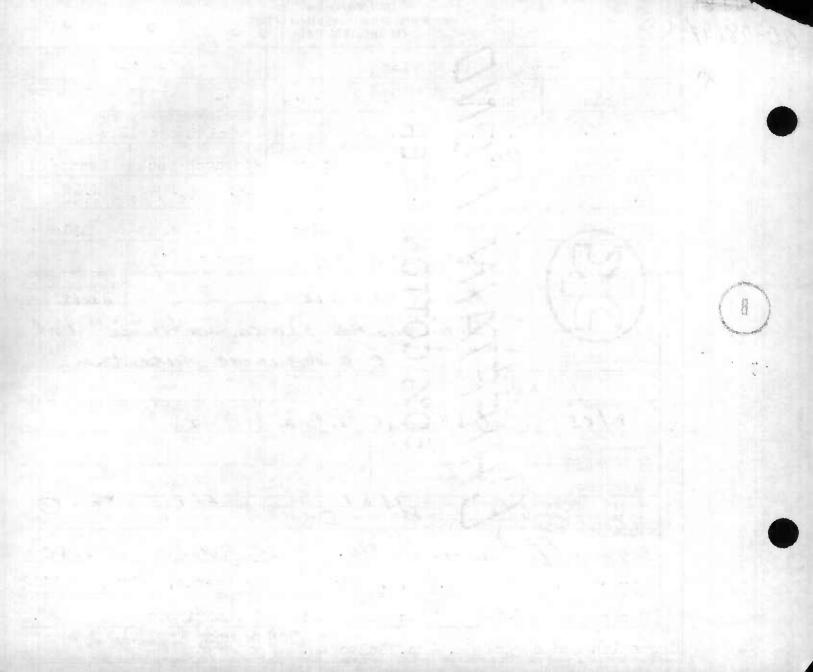
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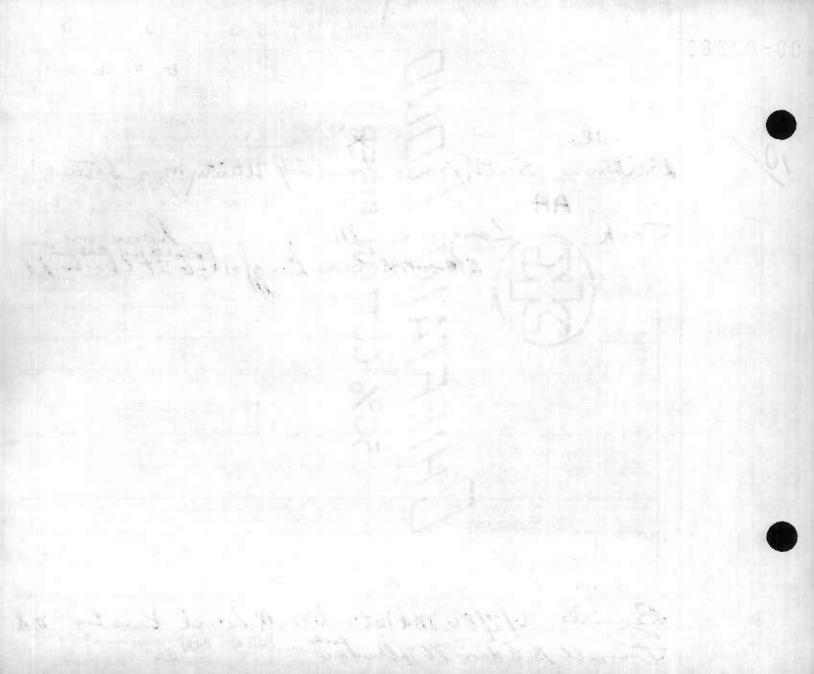
RTARS TO WY LORSENDA

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1 185		RTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76. CITIZEN OF WHAT COU!	MARRIE WIDOW	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY BALTIMORE CITY	OF DEATH
2/ 1/4		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE UNION MEMO	URSING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOMEMaker	126 KIND OF BUSINESS OR INDUSTRY
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R ATTEND a haspital a RECTOR: A hed for use ept. of Heal term 21 is m		220.1 certify that (1) (this haspit sow the decease live an above (1) (we) (tid)/(did no	ol) ottended the deceosed (1) 28 (1) view the body after death.	19 86 , o	nd that in (our) opinion o	to	9, than (1) (we) lost and from the causes stated
0 4 0 00		22b. SIGNATURE	We 18	Un 1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/28/86
TO HOSPITAL of retained by the TO FUNERAL (should be detown) with the State [MPORTANT: If		22d PHYSICIAN'S NAME (TYPE OF LINDA BARR	R PRINT)		22e ADDRESS UNION I	MEMORIAL HOSPITAI	
BP	(URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 7/1/86		Ridge Cem.	Ballimore, Md	COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR TCHELL-WIEDEFEI	LD HOME, INC.	6500	York Rd. 25a. DATE	REC'D. BY REGISTRAR 256 REGISTR	AR'S SIGNATURE

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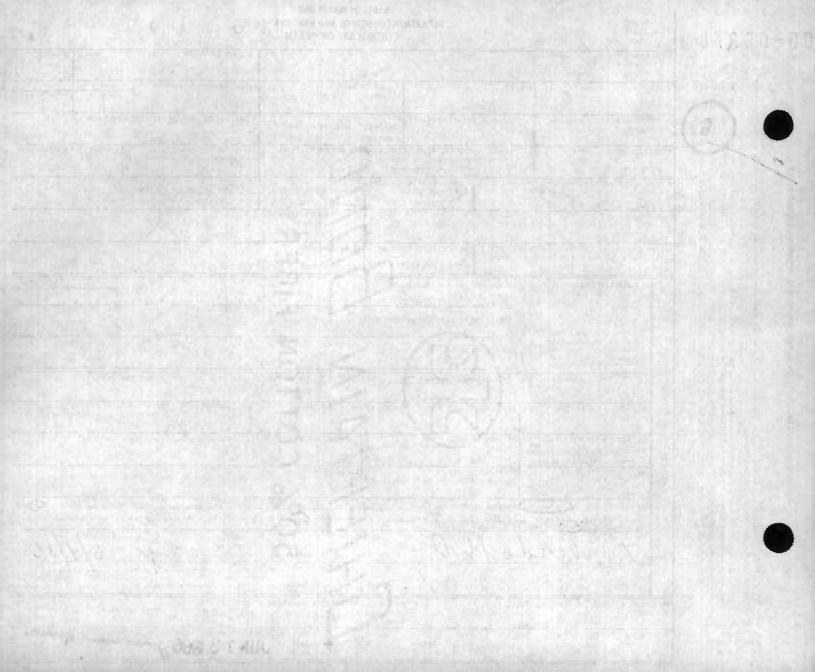
STATE OF MARYLAND



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. 3/133	10. CITY OR TOWN OF DEATH 11. NAME OF HOS	PITAL, NURSING HOME OR OTHER INSTITUTION CILTHOPKINS HOSPITAL	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HEE) INDUSTRY Disabled	R
AND 212	Md. B	altimore Isd Inside City Limits?	13e STREET ADDRESS / ZIP CODE 15 S. Duncan St. 21231	
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he more	(YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES)	SOCIAL SECURITY NO. 17 INFORMANT 547-14-5581 Dolores Y	Tamberry, Conn 068 acuzzi 2 Boxwood La.	
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101	COPD & FEV, <	RIBUTING TO DEATH BUT NOT RELATED TO THE TERM 1 Lifer. N FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
FVITAL R AN The L Costs hay Hyggen Class hay	210 ACCIDENT WAS UNDERLYING 716. TIME OF IN	approved by Dr. A. Dixon, JURY MONTH DAY YEAR 216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PART 2)	_
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TTENDING plast or o TOR, Als for section	220.1 certify that (1) (this hospital) attended the disorder the deceased alive an above. Miwe) (did) (did not) view the body after		to that (I (we) lo death occurred on the date and have and I om the causes stated	ost
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DHMH - 16 60M 7/84 (VRA 15, 4)	B. DABROWSKI X	BIBE BALTO J	TUN 1 2 1986	

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₽ ₹ \$ BP	looks IMPO		23a B	URIAL, CREMATION, P	REMOVAL	23b. DATE 6/5/			EW CEMA	REMATORY	23d LOCATION		COUNTY	MD STATE
DHMH -	16 60M 7/E A 15, 4)		24 FL	INERAL DIRECTOR	FUNE		ME 1101 E			25a DATI	UN 1 3 1986	25h REGISTR	AR'S SIGNAT	ypindelle



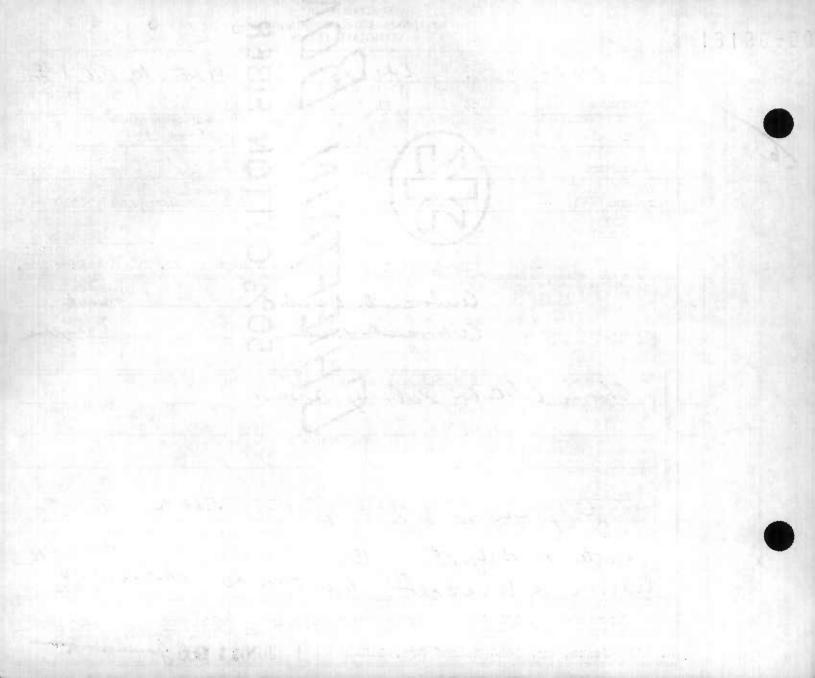
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6

	1-	FOR STATE REGISTRAR		DEPAR		EALTH AND M		ENE 6 REG. NO	6 /	23	7	
		CEASED NAME FIRST OR PRINT) MARY	,	MIDDLE C.	LAI	FRV	307	20 DATE OF DEATH	MONTH DAY	YEAR 2	P 3	2
	3. SE)	X	4 RACE		5. DATE C			AGE (IN YEARS LAST BIR			FUNDER 24	
		Female	Whi	te	11	09	04	81	YRS	THS DAYS	HOURS	MIN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8	D NEVER M	ARRIED X	BALTIMORE CITY O	R COUNTY OF	DEATH	12.	
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5	1	TY OR TOWN OF DEATH Baltimore	Edgewoo	HOSPITAL, NUR HEACHLITY GIVESTR Od Nurs:	ing Hom	OR OTHER INSTI	TUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Assembler	F WORKING LIFE)	126 KIND OF E INDUSTRY Bendix		
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C	14. FA	THER'S NAME Edward	MIDDLE	Lave	ery	15 MOTHER'S Jan	IR5T	E MIDDLE		Kenn	redy	
		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) IF YES, GIV NO	MED FORCES? (E WAR OR DATES)	16b. SOCIAL SE 220-14-		17 INFORMAN		ADDRE		Rossit	212 er A	
		18. CAUSE OF DEATH IEnter or PART I. DE ATH WAS CAUSE IMMEDIA. Conditions, if any, which gave rise to immediate cause ia, stating the underlying cause last	DUE TO. OI	Cecho RAS A CONSEC CMron RAS A CONSEC	OTE SHE DUENCE OF FRANCE	- 15 cm				APPROXIMA BETWEEN ON: Meneral	0 -	u
	TION	Chronic (5 between	to 1.	ulm	uy D.	caari	NAL DISEASE OR CON				
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		SURIAL, CREMATION, REMOVAL			C NAME OF C	EMETERY OR CI	REMATORY	23d. LOCATION	(*)	OUNTY	STAT	76
		Cremation	6/11/8	36	Green M	ount Cer		Baltimo	re	Mar	yland	-
	24 FL	JNERAL DIRECTOR		1			250 DATE	REC'D. BY REGISTRAR	256. REGISTRAR	R'S SIGNATUR	E	M-

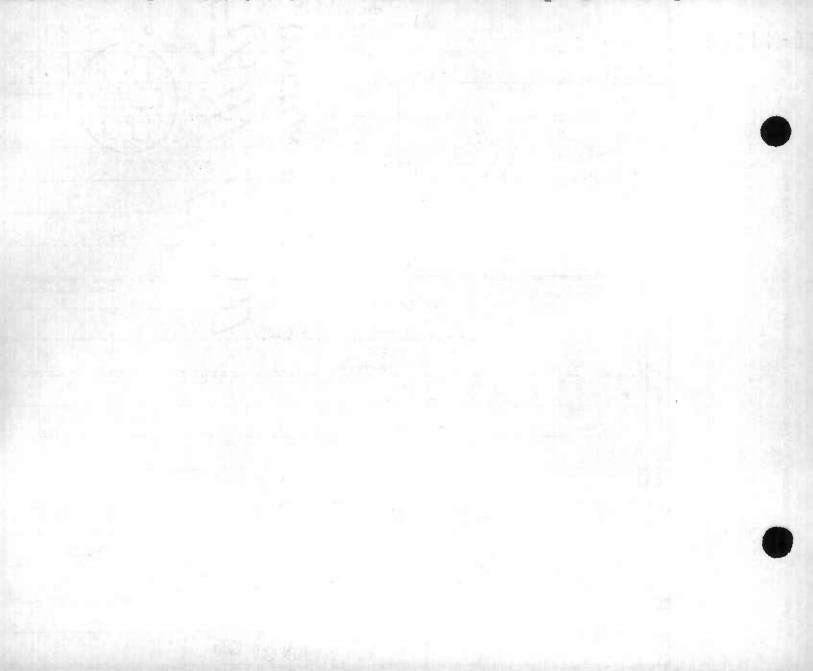
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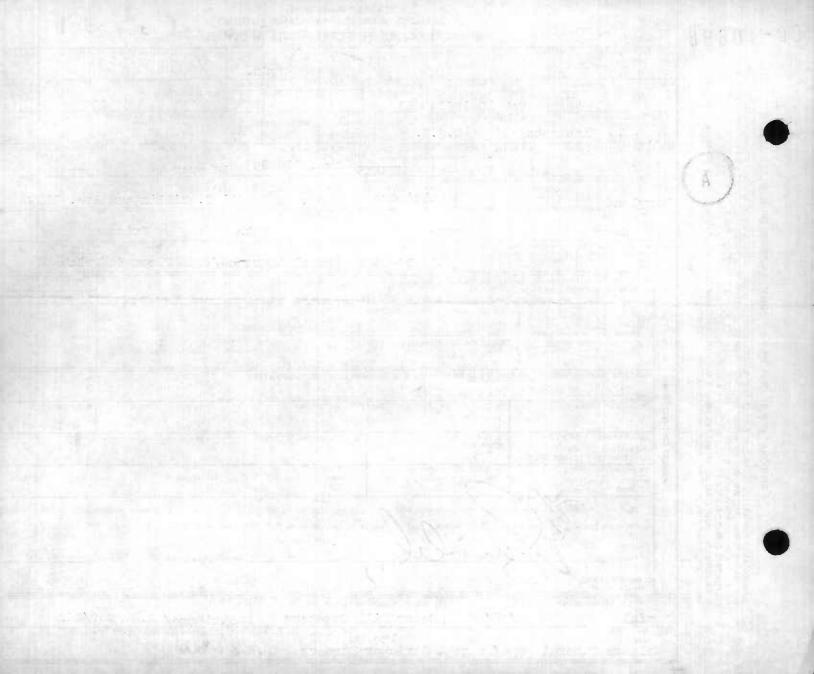
A. Alan Seitz, Jr. 3818 Roland Ave. 21211



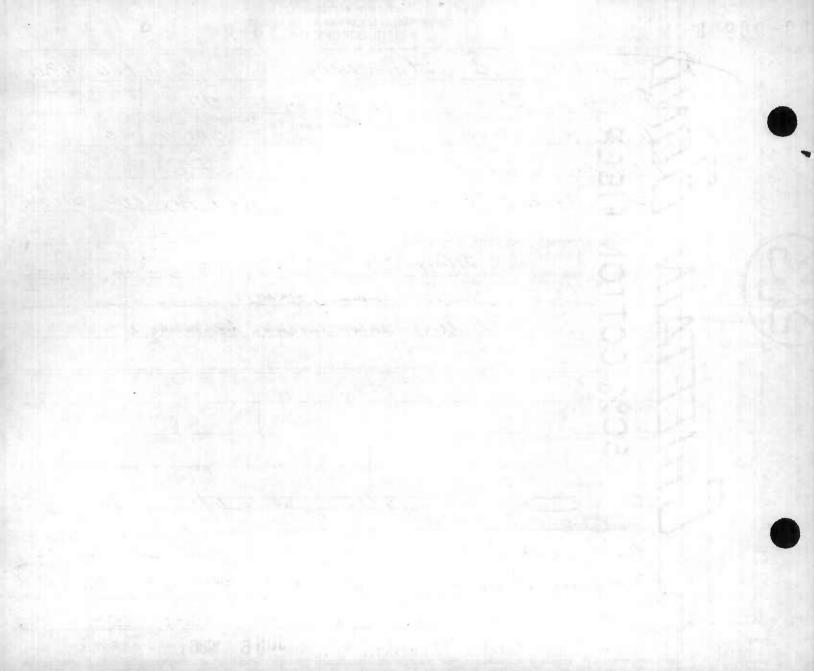
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-11003	Ι.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	0.
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E La	3 SE		RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
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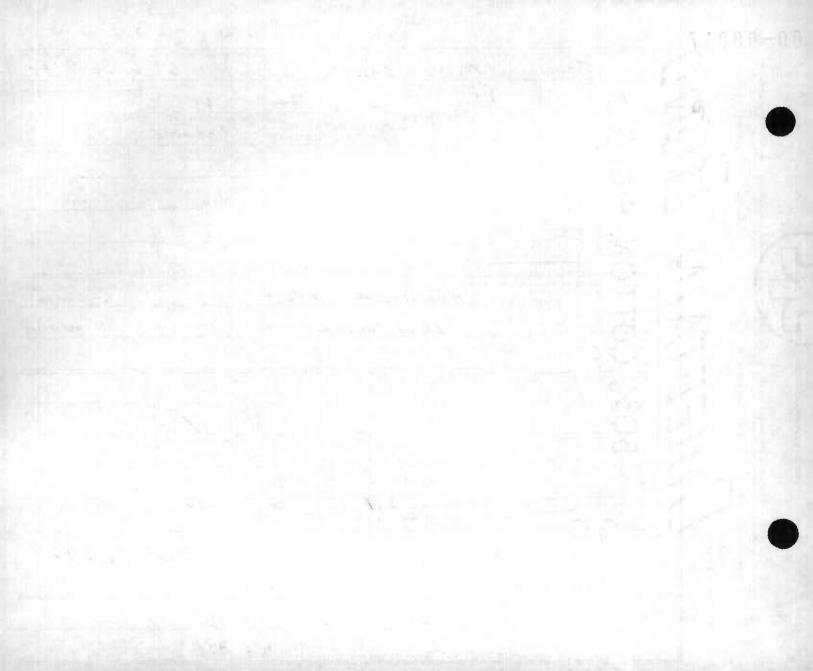
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	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFIER DEATH, WITH THE STAND, 2	230 BI	JRIAL, CREMATION,	REMOVAL 23	b. DATE	23c. N	IAME OF CEM	ETERY OF	RCREMATOR	RY 2	23d. LOCATIO	N	COU	INTY	STATE
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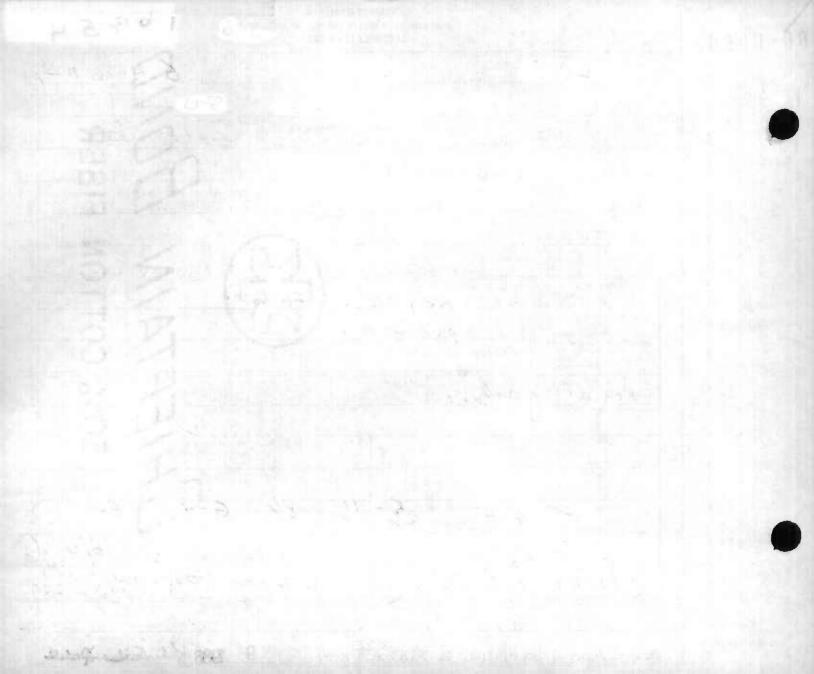


-08696	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	5 0	6 7 5 2
1 31 19	I DECEASED JAME FIRST MARI	E B	Caurere &	REG. NO.	186 4:30pm
ge 4 may	FEMALE	Cauc	5. DATE OF BIRTH MONTH DAY YEAR 12 5 09	6 AGE (IN YEARS LAST BIRTHDAY) 77 YRS	MONTHS DAYS HOURS MIN.
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The control of the co	(YES, NONE (IF YES	GIVE WAR OR DATES) 2/6-/3	8-835 Paul R.	Lawrence Cor	. Box 66D3 doya Md 216 2
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ATTENDENCE or a experior or a ECTOR. Ah de for use m of for use m of the other	220.1 certify that (I) (this ha	ospital) attended the deceased fram	86 and that in (my Jaur) apinian	, to death accurred an the date and h	
SPITAL OR NEW, The IN NEW, DR New, Tarte Dr TANT, If the	Helchael The Physician's NAME (IV	Kand PE OR PRINT)	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	127. DATE SIGNED
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BP	Buria1		t. Paul's Luther		Talbot Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME Newnam Fun	neral Home ADDRESS	Easton, Md.	JN 6 1986 June	STRAR'S SIGNATURE



STATE OF MARYLAND





DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN XX MONTH YEAR (TYPE OR PRINT) ESTI-Mark Lear DEATH MATED 19 86 L. 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 5:28 36 RS 04-27-1950 White DEAD 19 86 Male p. M BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED FOREIGN COUNTRY United States Pennsylvania WIDOWED DIVORCED Baltimore City, CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Pilot-Commercial Self-emp. University Hospital - STU Baltimore UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21012 186. COUNTY 1a STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md. A.A. Arnold 609 Oakland Hill Ct. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Unknewn Unknown Isabelle WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166. SOCIAL SECURITY NO YES, NO, OR UNKNOWN) Nicole M. Lear No (same as 13) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN JEEM 18 PART 1 OR PART 21 HOUR MONTH DAY YEAR UNDERLYING NOR 1:35RM CONTRIBUTING CAUSE OF DEATH 6-17 19 86 pilot in plane that crashed 21e PLACE OF INJURY (AT HOME 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) Solomons Island Rd., Edgewater, Anne Arundel WHILE AT WORK airport Co., Md. AutopsyXX 22a. I certify that I taak charge of the remains described above, held an and in my apinian Accident XX Natural causes Suicide Homicide Undetermined manner death resulted fram TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 6 - 18 - 86SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Westview Cem. Cremation 6-20-1986 Westview Balt.Co. Md. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE 501 Ritchie Hwy. **DHMH - 17** Severna Park. Md. 21146 Barranco F.H. (VR A15 ME (5))

STATE OF MARYLAND

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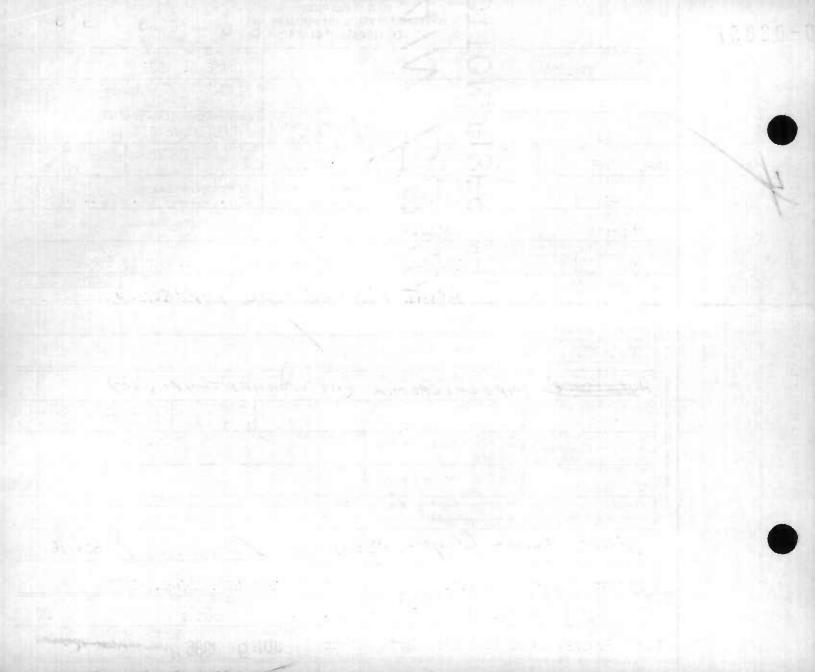
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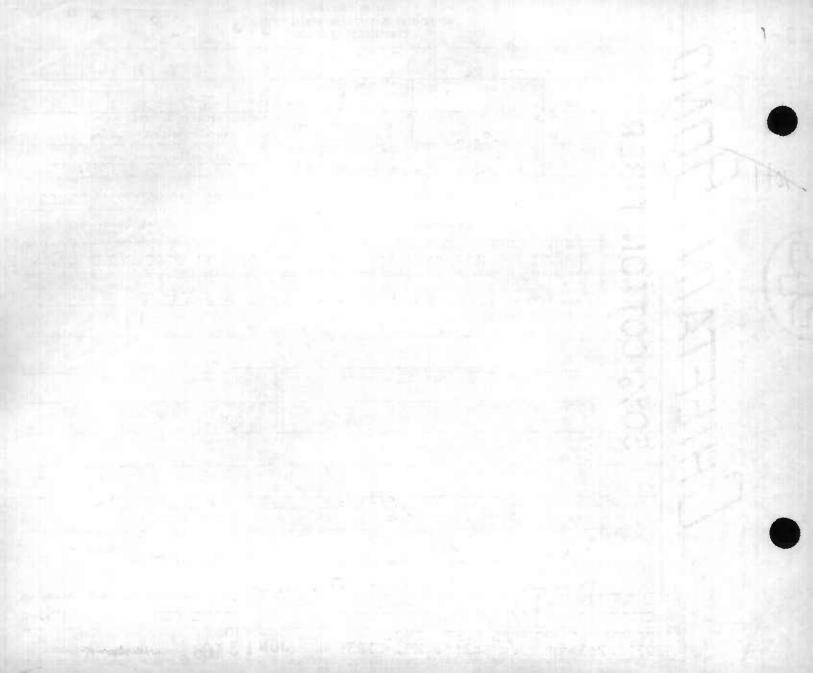
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2 3 4	2001	14. FA	THER'S NAME	MIDDLE	LAST		R'S MAIDEN NAM	E			
P de	100	/	Charles	MIDDLE	Picker	ns I	Lula	Mae		LAST	?
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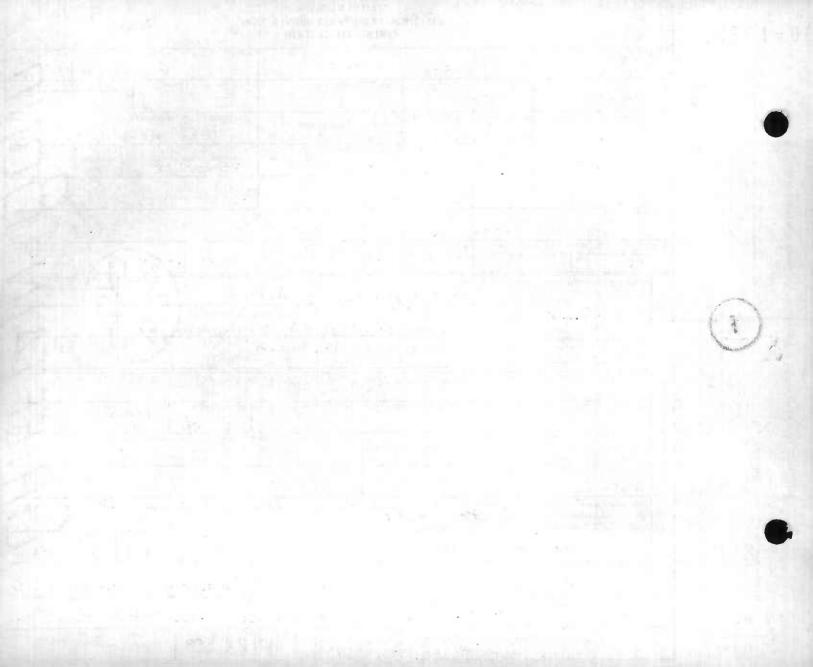


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 26. HOUR (TYPE OR PRINT) 86 John Leshko 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR HOUKS White g BIRTHPLACE 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City Pennsylvania WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR U.S.Coast Guard Francis Scott Key Medical Center Pipe Fitter Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e.STREET ADDRESS / ZIP CODE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore Maryland 1634 S. Rappola Street 21224 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Leshko Lider Charles Anna ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 161-18-8694 Delphy V. Leshko Same as BETWEEN ONSET AND DEATH 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NO YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 2 le PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE STREET (AT HOME, STREET FACTORY OFFICE FARM ETC) NOT WHILE 22a. I certify that (I) (this hospital) attended the deceased from, 6 saw the deceased alive an. , and that in (my) (our) opinion deoth accurred on the date and haur and from the couses stated obave, (1) (we) (did) (did not) view the body after death. be detached e State Dept DEGREE 22c. DATE SIGNED 0 ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN MPORTAN 22d PHYSICIAN'S NAME ld b + 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE (SPECIFY) CITY OR TOWN 6/19/1986 Burial Garrison Forest Owings Mills Maryland 24 FUNERAL DIRECTOR Duda-Ruck, Inc. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 Dundalk, Maryland (VRA 15, 4) 7922 Wise Avenue 21222

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		FOR		STATE OF MARYLAND	1 6	759
352	1.	STATE REGISTRAR	DEPAR	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 6 1 0	
302	I DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	
£	(TYPE	OR Paul			Lai Dillie di dell'illi	DAY YEAR 25. HOUR
2	1. SE	Hele	en Louise	Leutner Is date of Birth		C) 00 15 /N
3/	AL SE	Female	White	oct. 4 1932	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
50	70 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9. BALTIMORE CITY OR COUNTY	105050411
1/	0	Md.	U.S.A.	MARRIED MEVER MARRIED	D.OI.	
7	10 C	ITY OR TOWN OF DEATH		WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
1		Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET	Key Med. Center	Homemaker	E) INDUSTRY
5/	, USU 13a.	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFO	PRE ADMISSION)	13e. STREET ADDRESS	
		Md.	Baltim		1133 Newcomb	Way 21205
10	14. F/	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA		
pl-		John	Whitehead	Mabel	WIDDLE	Blocher
000		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	., same
17		no	215-28	-6695 William I	Leutner (husba	nd) address
H		18. CAUSE OF DEATH (Enter a	nly one cause per line for (a), (b), a	nd (c),)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSI	ED BY: TE CAUSE (0) Cardio	Λ	rect	BETWEEN ONSET AND DEATH
ž		IMMEDIA	TE CAUSE (U)			
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9	1	OR CONTRIBUTING CAUSE OF DE		DAY YEAR	7	
1	MEDICAL	21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f LOCATION		
morked or	AE.	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
			ital) attended the deceased from	6/22 10 8/6	10/78	19 86 that (I) (we) last
2		sow the deceased alive ar	0/23 5		death accurred on the date and hou	, 11101 (1) (110) 1031
E		obove, (I) (we) (did) (did no 22b. SIGNATURE	nt) view the body after death.	DEGREE		22c. DATE SIGNED
		(sca	Ham MD	ATTENDING	MEDICAL _ STAFF	IN DATE SIGNED
-	1	22d. PHYSICIAN'S NAME (TYPE O	7	PHYSICIAN [DIRECTOR PHYSICIAN	16125/06
1			TER		10 6 . 1 . 1	PM. WY
MPORTANT.	-				10 Eastern Ave	baltimos MD
	23a. B	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY
		Burial		arrison Forest \		ngs Mills Md
	24 FL	NASChimunek	Funeral Home,	Inc.	REC'D. BY REGISTRAR 255. REGIST	RAR'S SIGNATURE
		3331 Brohme	Lane Balto	Md 21213	11 64 1900	



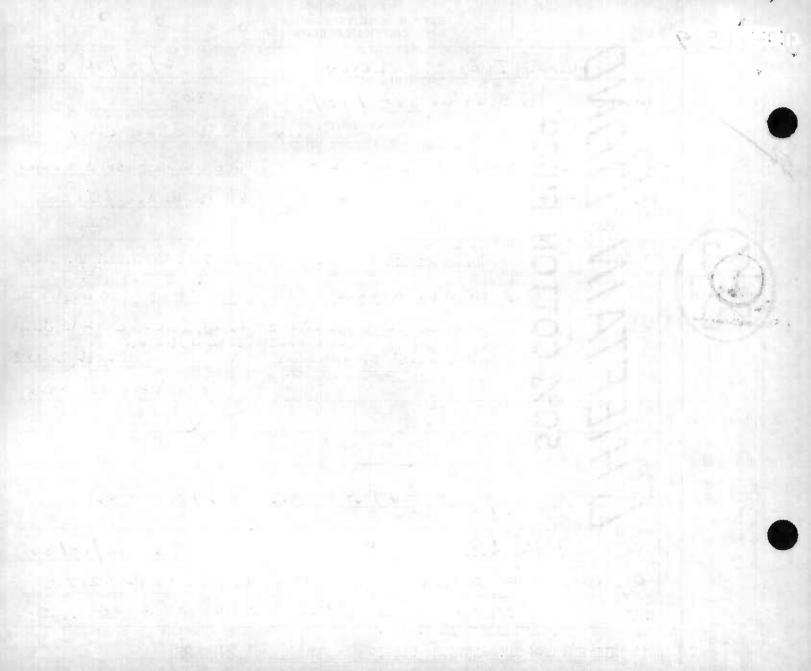
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE - STATE CERTIFICATE OF DEATH REG. NO. DECEASED NAME 2a DATE OF DEATH 2h HOUR (TYPE OR PRINT) Harry eve-6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR IF LINDER 21 HRS 3. SEX 4. RACE 5 DATE OF BIRTH DAYS 80 caucasian male 06 12 **BALTIMORE CITY OR COUNTY OF DEATH** TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IS CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR store owner Sold books USUAL RESIDENCE (IF NURSING HOME OR OTHER INSEMPTION GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 136 CITY OR LOWN MI Park Ave 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRMAX **ESTHER** MIDDLE MOLENO LEVEY ADDRESS. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 59 SAL 555 UT 1 40 (YES. NO ONE KNOWN) (IF YES, GIVE WAR OR DATES) MRS. BETTY AARON 7412 KATHYDALE RD. 21208 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY: cardiac arrest immedia IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF b) progressive hypoxia 2 Canditians, if any, which gave rise to immediate or spread of Lymphomo cause (a), stating the underlying cause last lymphoma onseh in advanced PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 FICATION daughter debating 20h. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? CERT 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e PLACE OF INJURY 21f LOCATION 21d INJURY OCCURRED CITY OF TOWN STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) WHILE NOT WHILE 86 that (I) (we) lost 220.1 certify that (1) (this haspital) attended the deceased from, 19 86 saw the deceased alive an bave, (I) (we) (did) (did nat) view the bady after death , and that in (my) (aur) apinion death accurred an the date and hour and fram the causes stated DEGREE 22c. DATE SIGNED ATTENDING MD MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS ld b Allan Sinai Hospital HAR ZION TIFERETH 23g. BURIAL, CREMATION, REMOVAL 6/19/86 ROSEDALE BALTO., MD BURTAL SOL LEVINSON & BROS., INC. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

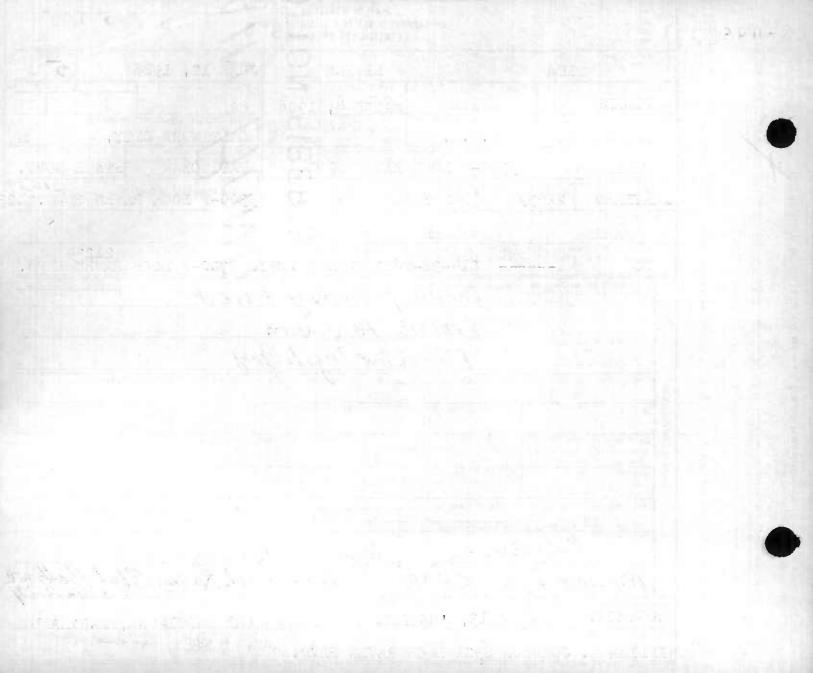
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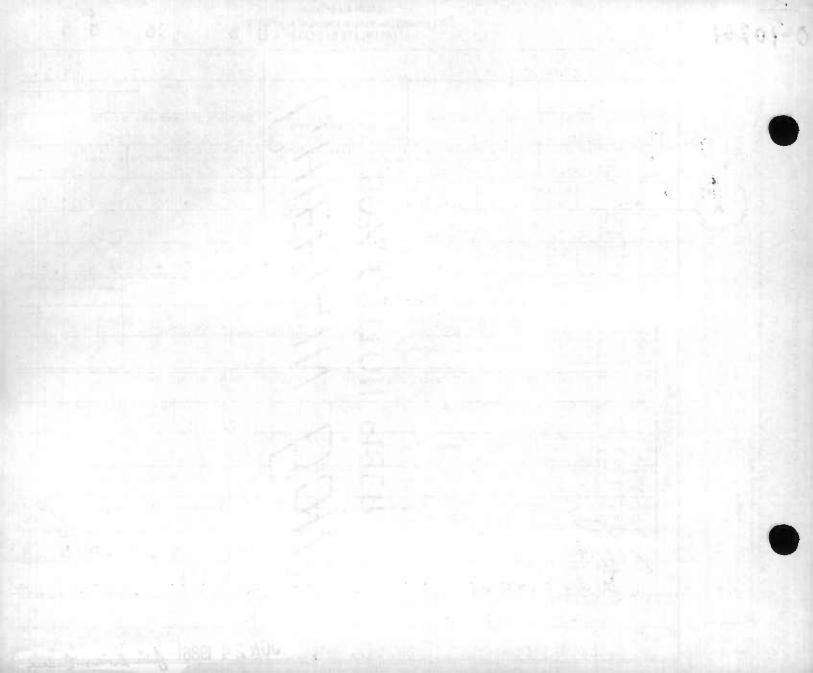
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injury, or other troumatic event, th

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

6		REGISTRAR			CERTIFICATE OF DEATH ORDER REG. NO.								
		CEASED NAME FIRST		IDDLE	14	LAST	20 DATE OF D	EATH	MONTH	DAY	YEAR	26 HOUR	-
		JOHN(al		TANLEY		LEWCZAK		-	Jun.	29	1986	9:40 P	м
	3 SE	X	4 RACE		5. DATE		6. AGE (IN YEAR	S LAST BIR	[HDAY]	IF UND	DER I YEAR	IF UNDER 24 HRS	_
-	N	MALE	CAUCA	SIAN	JUN		77	1	YRS.		DAIS	HOURS MAK	
2	70 BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8 MARDIE	D NEVER MARRIED	9 BALTIMORE	CITY O	R COUN	TY OF D	EATH		ī
1		ARYLAND	U.	S.A.	WIDOW		BALTIN	ORE	CITY	7		м	D.
2	10 CI	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OC					F BUSINESS OF	-
)		ALTIMORE		POTOMAC"S		T	MAINTE			ESSO ESSO			
L	13a S	AL RESIDENCE (IF NURSING HOME STATE 136 CO		13E CITY OR TOWN		13d INSIDE CITY LIMITS?	13e. STREET AD	DRESS					Ī
-		ARYLAND -		BALTIMOR	RE	YES X NO	634 S.	PU.	POMA(ST	. 212	224	
	14 FA	ATHER'S NAME	MIDDLE	LEWCZAK		15. MOTHER'S MAIDEN NAM		WIDDIE			1 4 5 1		
1		ALEXANDER			REGINA				K	ROL			
		VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	55	100			
		Y ES Aug	g.1927 to	212-10-	-1506	Catherine Lew	rczak, 63	4 S.	Poto	mac	St.2	1224	
		18 CAUSE OF DEATH (Enter		ne for (a), (b), and		4	5	À	^			MATE INTERVAL	=
		PART I. DEATH WAS CAUS	ATE CAUSE (D)	rterioscle	woty	Cormary ar	tery 6	Juse	an		5.	yrs.	
d		DUE TO, OR AS A CONSEQUENCE OF										V	
		Conditions, if ony, which	(b)	1.1		indu					18	mos.	
	- 1	gove rise to immediate cause (a), stating the	DUE TO OR	AS A CONSEQUE	NCE OF								
	-	underlying couse lost	(c)										
	_	PART 2. OTHER SIGNIFICAN	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE C	RCON	DITION G	IVEN IN	PART 110		
	CERTIFICATION	/Sen	of face	lure									
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		22a.1 certify that (1) (this has			, 50	At. 19 78	, to	6-2	29	. 19		hot (I) (we) los	st
	20	saw the deceased alive of above, (1) (we) (did)	not) view the body o		6.0	nd that in (my) (aux) opinion o	death accurred a	in the do	ite and he	our and	from the c	auses stated	
		226. SIGNATURE	- //			DEGREE				2	2c DATES	IGNED	
	- 1	Marin (- Koroa	eleski	MIS	ATTENDING PHYSICIAN Z	MEDICAL DIRECTOR	STAF			7-1-	-86	
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS				- 1	1		
		Marion C. Ko	walewski		8604 Harford	Road	#212	134					
		BURIAL, CREMATION, REMOVA			AME OF C	EMETERY OR CREMATORY	23d LOCATIO	NC					=
		Burial	July 3.	1986 St.	Stan	islaus Cemeter	Balti		e, Ma	ryl	and	STATE	
		JNERAL DIRECTOR				25n DATE		ISTRAR	25h REGIS	STRAP'S	SIGNAS	REdiable	
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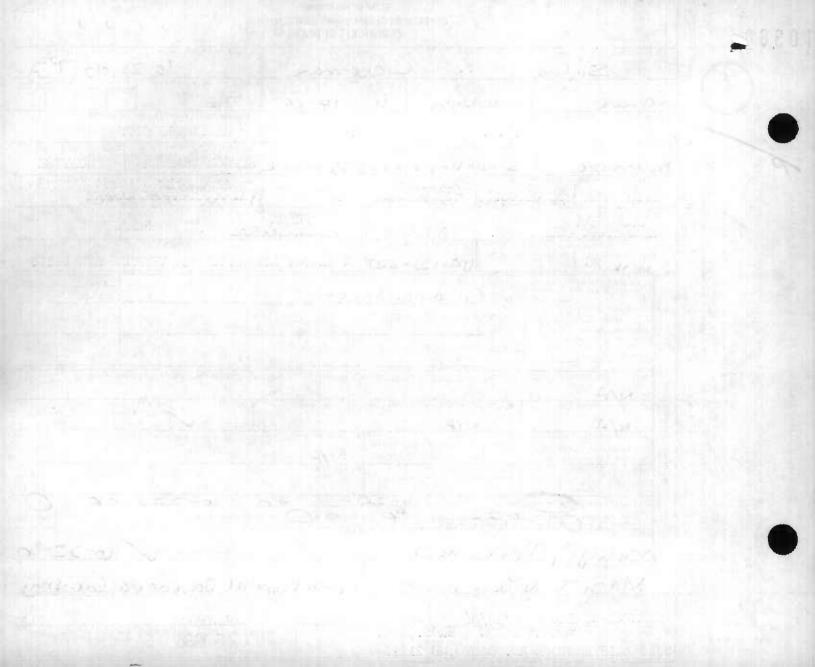
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 2g. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) HAZEL LEWIS JUNE 14, 1986 02:15am Velma A AGE LIN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR DAY 27 Black Female BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED THEVER MARRIED COUNTRY BALTIMORE CITY Md WIDOWED DIVORCED T 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION M CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE HE JOHNS HOPKINS HOSPITAL civil service Retired USUAL RESIDENCE (IF NURSI 13g. STATE 13e STREET ADDRESS / ZIP CODE Havre de Grace YES K 917 Elizabeth St. Harford · Md A FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST FIRST MIDDLE Smith Harvey Herman Conrad Marv ADDRESS YAR WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) 218-22-0947 James Lewis 917 Elizabeth St. HDG. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Canditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last. PART 2. OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ARFORD MEM. CONDITION FOR WHICH OPERATION WAS PERFORMED 14 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F 71a ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE FITHER NOTIFY MEDICAL EXAMINER P.M. 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET, FACTORY OFFICE, FARM ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased fi saw the deceased alive on abave, (I) we (did not) view the bady after death nd that in (my) (our opinian death occurred on the date and have and from the couses stated 22b. SIGNATHIN DEGREE 22c DATE SIGNED ATTENDING MEDICAL Should be deto with the State PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) BALTIMORE. MD MPORT FOW GIER 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN Burial 6-18-86 Harford Mem. Garden Aldino Harford Md. 24 FUNERAL DIRECTOR REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 ArnoldBeard 353 Fountain St. Havre de Grace Md (VRA 15, 4)

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	STATE OF MARYLAND	
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(VKA 13, 4)	6010 REISTERSTOWN RD. BALTO, MD 21215	



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO. 2a DATE OF DEATH I. DECEASED NAME MONTH 2b. HOUR (TYPE OR PRINT) 18 1050 Lindemann Mary 4 RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST DIRTHDAY! IF LINDER 21 MBS HOURS DAY CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY U.S.A. Marvland DIVORCED T WIDOWED IR CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR Own Home INDUSTRY Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
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131 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 21222 Dundalk 902 Grove Avenue Baltimore Maryland YES T NO K 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Miller Smith Mary Thomas 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO LYES NO OR UNKNOWN LIE YES GIVE WAR OR DATES! Same as 13e 214-44-5293 George P. Lindemann APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). I PART I. DEATH WAS CAUSED BY: 5 MINUTES IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 20h. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 700 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOM NO V 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME STREET, FACTORY, OFFICE FARM ETC) CITY OR TOWN COUNTY NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from June 13, 19860 saw the deseased alive an June 13, 19 abave, (1) (we) (did) (did not) view the bady after death. and that in (my ((aur))apinian death occurred an the date and have and from the causes stated 22b. SIGNATURI DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME STYPE OF PRINT 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN COUNTY Maryland Buria] 6/16/1986 Oak Lawn Cemetery Baltimore 24 FUNERAL DIRECTO Duda-Ruck, Inc. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 Dundalk, Maryland 21222 (VRA 15, 4) 7922 Wise Avenue

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2n DATE OF DEATH MONTH TYPE OF PRINTS Irma K. List June 5 1986 3 SEX DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS YEAR April 24 1899 Female Caucasian TO BIRTHPLACE (STATE OF FOREIGN The CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City Maryland U.S.A. DIVORCED X WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 Us JAL OCCUPATION O GITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE IVE STREET ADDRESS) Baltimore City Sinai Hospital House Wife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

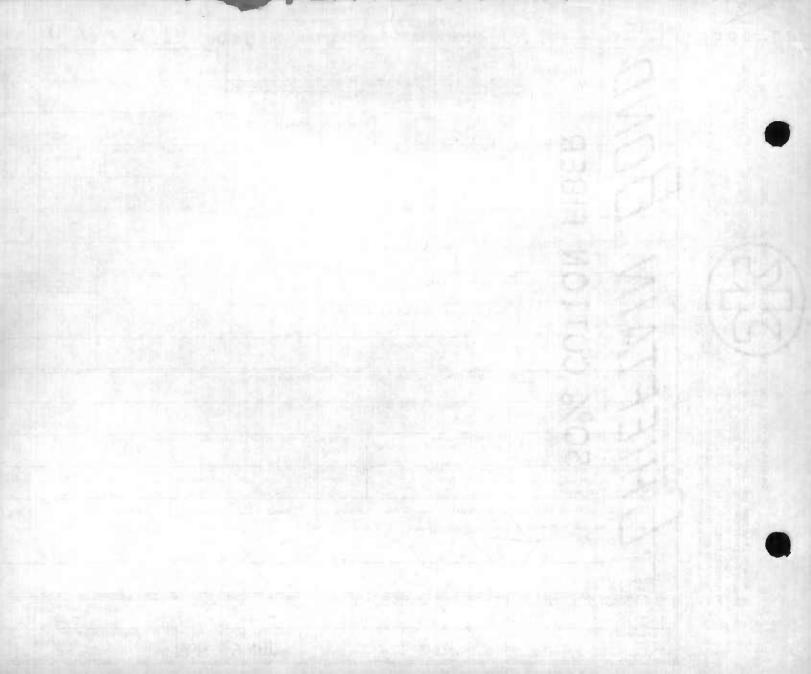
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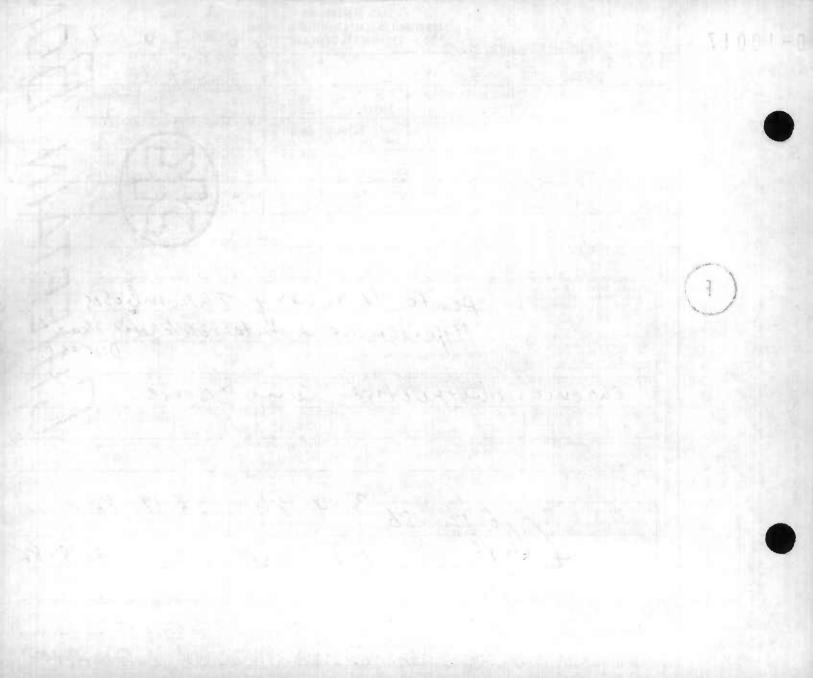
137. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Baltimore Pikesville Maryland 4218 Colonial Road 21208 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST LAST MIDDLE Richard McCleary Annie Mayouick 17 INMISIAN Betty Ann D'Agostino RESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 21208 216-32-5834 4218 Colonial Road Pikesville Maryland 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21e PLACE OF IN ILIRY CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 220 | certify that (1) (this haspital) attended the deceased fram saw the deceased alive anand that in (my) (our) opinian death occurred on the date and have and from the causes stated above () (we) (did) (did nat) view the bady after death DEGREE 220 DATE SIGNED 22b. SIGNA ATTENDING MEDICAL DIRECTOR PHYSICIAN TO PHYSICIAN | 22d. PHYSICIAN'S NAME 22e ADDRESS 2401 W. Belvedere AVE C. Hagan aniel BALTO, MATYLAND 23g. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE 6/7/86 Woodlawn Burgal Woodlawn Cemetery Baltimore Maryland 24 FUNERAL DIRECTOR LOTING Byers Funeral Directors, Inc. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 8728 Liberty Road Randallstown, Maryland 21133 wia Davidson-Harpheles

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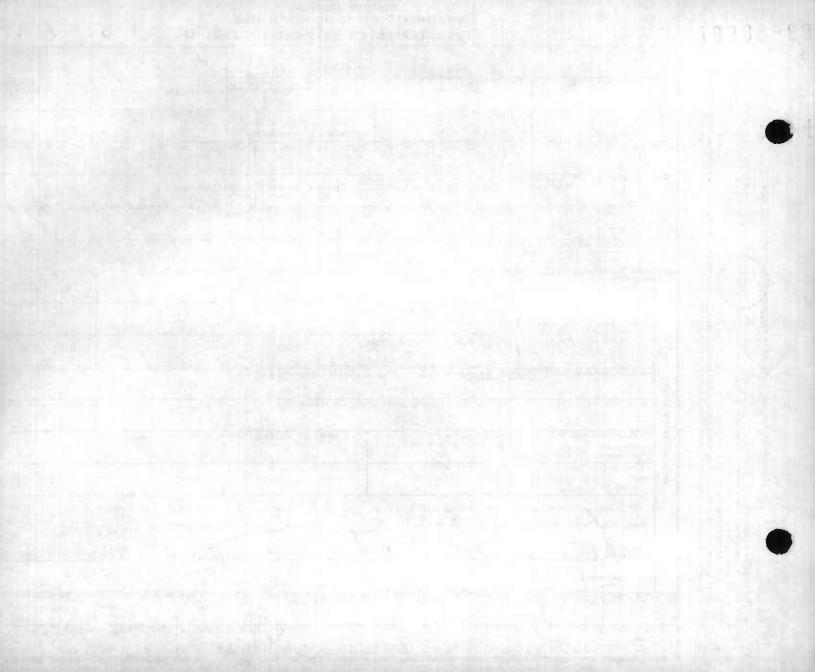
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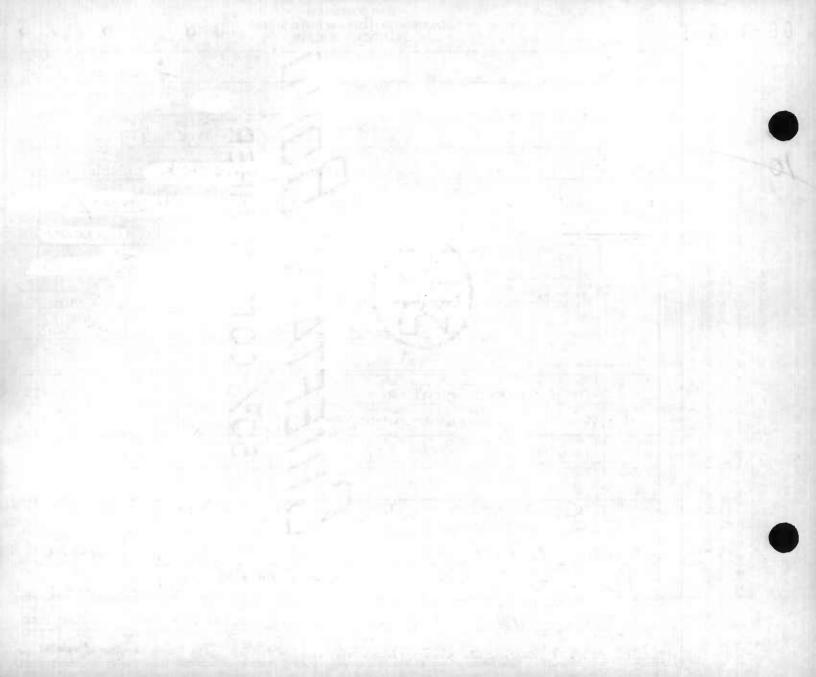
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de a ma	1.5EX	MALE	4 RACE WHITE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 78 YRS.	IF UNDER LYEAR OF UNDER 24 HRS MONTHS DAYS HOURS MIN.				
merol do	7s. BIRT	HPHACE INTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNT	Y OF DEATH				
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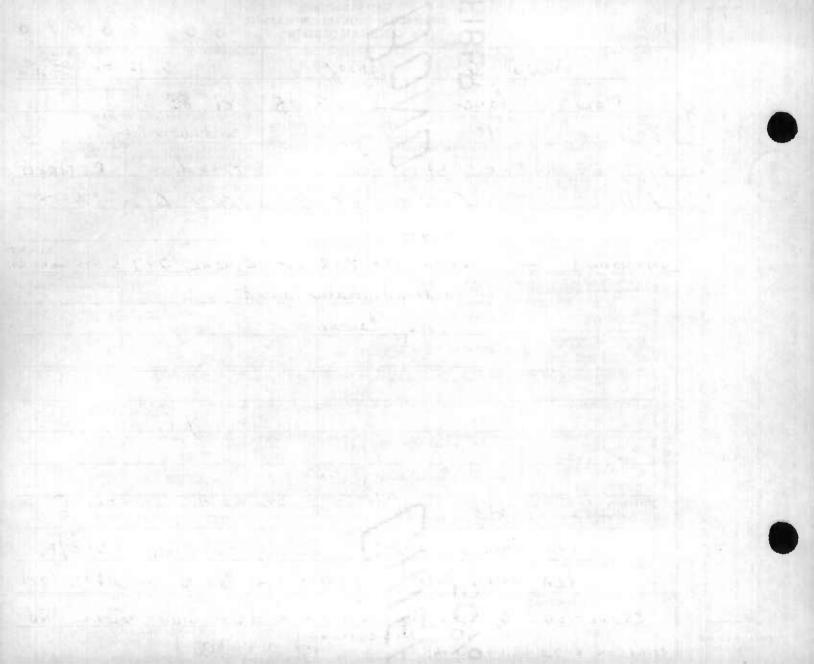
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) ESTI-DEATH MATED XX 6-3 10 86 Naomi Loeschke 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER 24 HRS 2d HOUR YEAR LAST BIRTHDAY PRONOUNCED 8:14 19 DEAD 1086 white 15 66 76 CITIZEN OF WHAT COUNTRY? IN RIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XNEVER MARRIED FOREIGN COUNTRYL Baltimore City, Maryland DIVORCED [USA WIDOWED [CITY OR TOWN OF DEATH 128 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! Baltimore 5517 Plymouth Road Home maker UAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 136 INSIDE CITY LIMITS? THE STREET ADDRESS Md. Balto. Plymouth Rd. 21214 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Spiekermann Harry 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) HE YES GIVE WAR OR DATES! 220-05-3298 Donald Loeschke 2 Thurmont Ct. no 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH Seizure Disorder IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) Ethanolism 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES VY NO 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 714 IN JURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK Autopsy XX. TO FUNERAL DIRECTOR: NETER DEATH WITH THE MALIMORE MARYLAND 22a I certify that I took charge of the remain a meriting obove, held on Inspection Inquiry death resulted fra Natural causes Homicide L Undetermined monner ITLE (SPECIFY) ACTUAL Assistant_MEDICAL EXAMINER 6-5-86 SIGNATUR EXAMINER'S NAME Dennis F. Smyth 111 Penn St., Balto., Md. M.D. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Removal COUNTY STATE 6-5-86 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** State Anatomy Board Balto. Md. (VR A15 ME (5))





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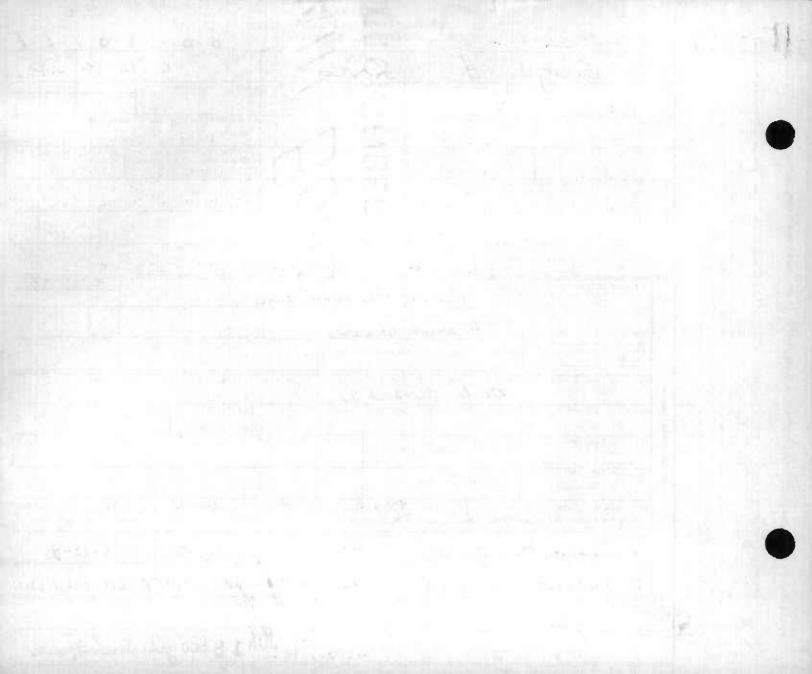
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'IMORE, M. To executed to any composition of compos		VAS DECEASED EVER IN U.S. AR (1F YES, GIV NO	VE WAR OR DATES)	3-0064	Mrs. Bayl	is Love -			L 3
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the death certificate be executed within 24 hours with certificate has been signed by the attending physician and completely filled in bloos the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be fill the and Mental Hygene prior to buriol, cremation, or removal. Orked or fam 18 shows any injury, or other traumatic event, the medical examiner must be an executed to the control of th		Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CON-	SEQUENCE OF			DITION GIVEN	IN PART 110	
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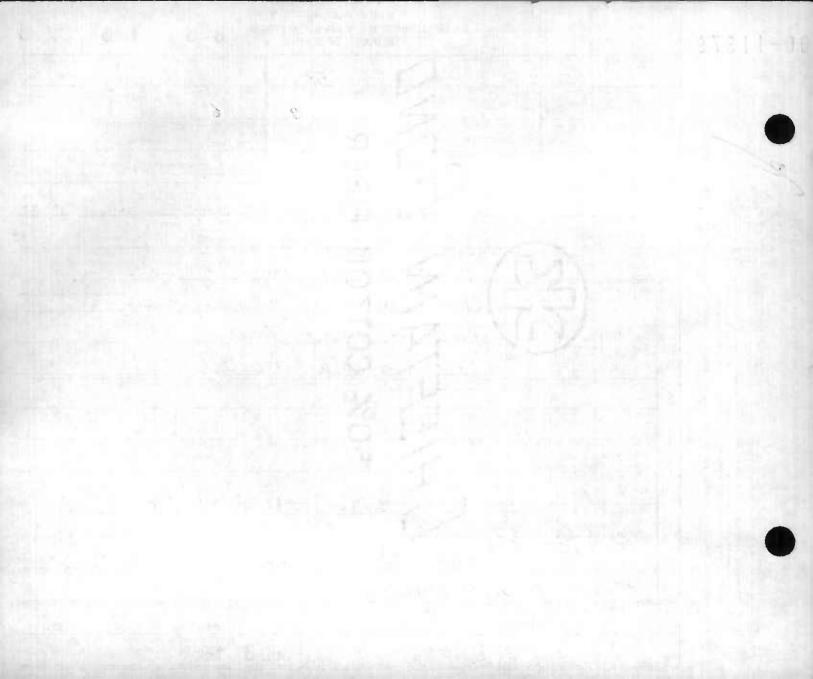
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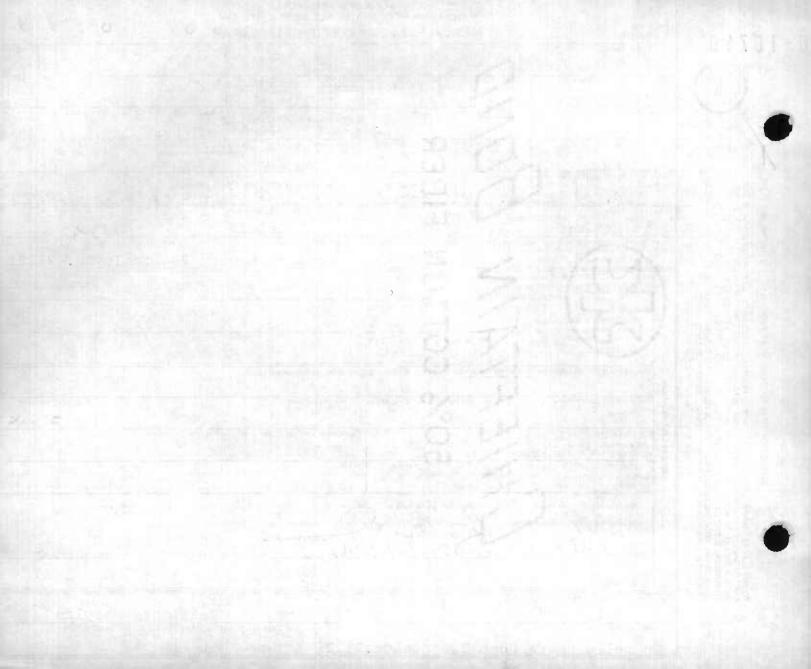
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR		DEPART		HEALTH AND MENTAL HYC	GIENE 8 6	16	178		
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	underlying couse lost	(c)_	Cerebr	vva	rudar a	called		•		
NO	PART 2 OTHER SIGNIFICANT	ION GIVEN IN PART	110							
CERTIFICATION	190 DATE OF OPERATION	190 DATE OF OPERATION 196 COND			ON WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO				
18	210. ACCIDENT WAS UNDERLYING	216 TIME		. Vr. 10	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)		
1	OR CONTRIBUTING CAUSE OF D	EAIR	.M. MONTH D/	AY YEAR 19	H2					
WEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY	7 (1)	211 LOCATION STREET	CITY OR TOWN	COLINIY	STATE		
2	NOT WHILE	(AT HOME ST	REET, FACTORY, OFFICE F	ARM, ETC.)	J- C			35.416		
	22a I certify that (I) (this has	pital) attended #	ne deceosed from_	6	120 19 Y	10 7/1/	86 19	., that (I) (we) lost		
	the the deceased alive of	1-36	L7 19	\$7.0	nd that in (my) (our) opinion	death occurred on the date	ond hour and from th	ne couses stated		
	72E SIGNATURE	View ine body	offer deoffi.		DEGREE		22c DA	TE SIGNED		
	(Par	M	er-	11)	ATTENDING PHYSICIAN I	MEDICAL STAFF DIRECTOR PHYSICIAN	7/	181		
	224 PHYSICIAN'S NAME (TYPE	OR RINT)	- DIRECTOR - THIOTEIA							
	Moges	Gebre	emana	~						
	BURIAL, CREMATION, REMOVA	L 23b. DATE	23 c. 1	NAME OF	EMETERY OR CREMATORY	236 LOCATION CITY OF TOWN	COUNTY	STATE		
Bu	rial	7-2-8	6 Ga	rrisc	n Forest Vets	Garrison,		Med.		
	UNERAL DIRECTOR	No. in the second	ADDRESS			TE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGN.	ATURE -		
	arshall W. Jone	OC THE	H 4101 W	dmond	SON AVE JU	LJ ROD				

DHMH - 16 60M 7/84 (VRA 15, 4)

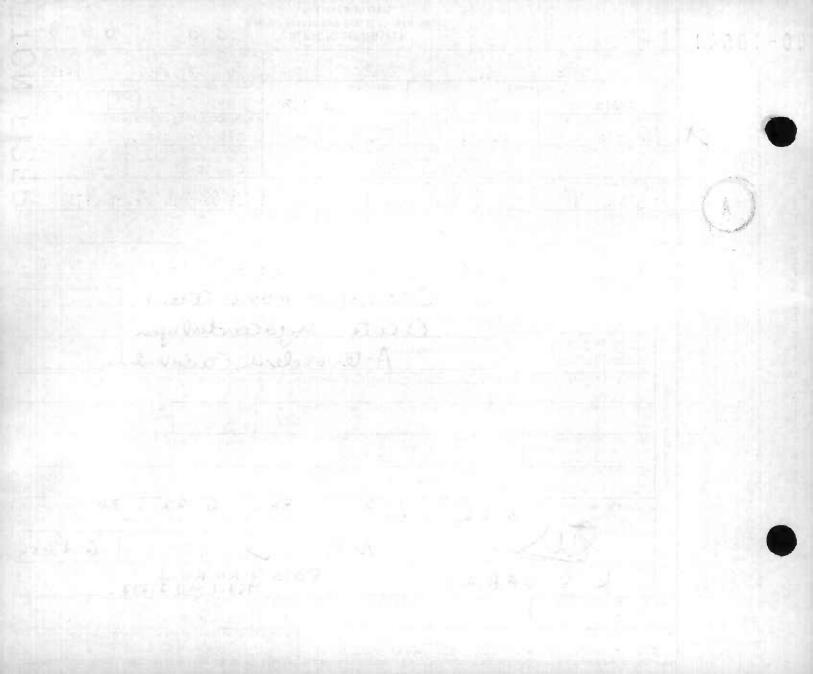


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME TO DATE KNOWN XX MONTH DAY (TYPE OR PRINT) ESTI-David DEATH MATED Lowery 19 86 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS SEX IF UNDER 1 YR IF UNDER 24 HRS 2c DATE 2d HOUR 12:15 PRONOUNCED DEAD Male 19 86 White Sept 25 1968 a. M MARRIED NEVER MARRIED 1 8 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? FOREIGN COUNTRY) Maryland WIDOWED [DIVORCED Baltimore City, USA 12e USUAL OCCUPATION (TYPE OF WORK 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Linwood Avenue, 3rd. fl. Baltimore None OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Balto NO. Md Essex Langley Road FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Artford Patricia Lowery Pigott 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS unknown Artford Lowery 254LangleyRd. 21221 no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IMMEDIATE CAUSE (a)_____ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? CATE, WRITE FORWARDED TO THE TOR, PAGE 35 SHOULD BE USET TOR FOR STATE OF H YES ST NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING DOR HOUR A.M. MONTH DAY YEAR subject hanged himself ? P.M. 6-23 CONTRIBUTING CAUSE OF DEATH 1986 21e PLACE OF INJURY (ATHOME. 211. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK 13 S. Linwood Ave., 3rd fl., Balto., Md. TO MEDICAL EXAMINER: THIS EXECUTE THE CRETIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE DEATH, WITH THE STATE BALTMORE, MARYLAND, 2120 Home Inspection XX 220 I certify that I took charge of the remains described above, held an Inquiry and in my apinian death resulted fundament Homicide Undetermined manner Natural couses 6-23-86 Assistant 111 Penn St., Balto., Md. EXAMINER'S NAME Dennis F. Smyth, M.D. (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 6/25/86 Burial Oak Lawn Cemetery Baltimore Maryland 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) ConnellyFuneralHome 300MaceAve.21221 11N 97



DEPERTURE TO SERVICE STORY RULES. DE 815 W and a second MARIE A PARKETE KETERACIO MESPORIL ENVE

STATE OF MARYLAND



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH Luecking Joseph (TYPE OR PRINT) 06-30-86 4. RACE IF UNDER 1 YEAR 6. AGE LIN YEARS LAST BIRTHDAY) Male White 1903 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? Bal'timore, Md. Baltimore City. U. S. A. 10. CITY OR TOWN OF DEATH Baltimore TOP EMAN STOF WORLING EE St. White Ber Act pital 21228. 13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME FATHER'S NAME Joseph Luecking Mathilda Schilling Catonsviles, Maryland, 21228 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 212-05-0580-Mrs. Julia M. Luecking-1504 Idlewild 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DUE TO, OR SIS CONSEQUENCE OF Wart Orscar Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) this haspital) attended the deceased from and that in (my (our) opinion death occurred on the date and hour and from the causes stated (1) we) (did) did not) view the body ofter death DEGREE DATE SIGNED ho PHYSICIAN DIRECTOR PHYSICIAN ld b 299 Frederick RQ BOLT Me 21 LL 8 R. GRAHAM JR 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 7/3/86 New Cathedral Cemetery-Baltimore, Maryland 74 FUNERAL DIRECTOR Sterling Funeral Estate, P. 21228: 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MANYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

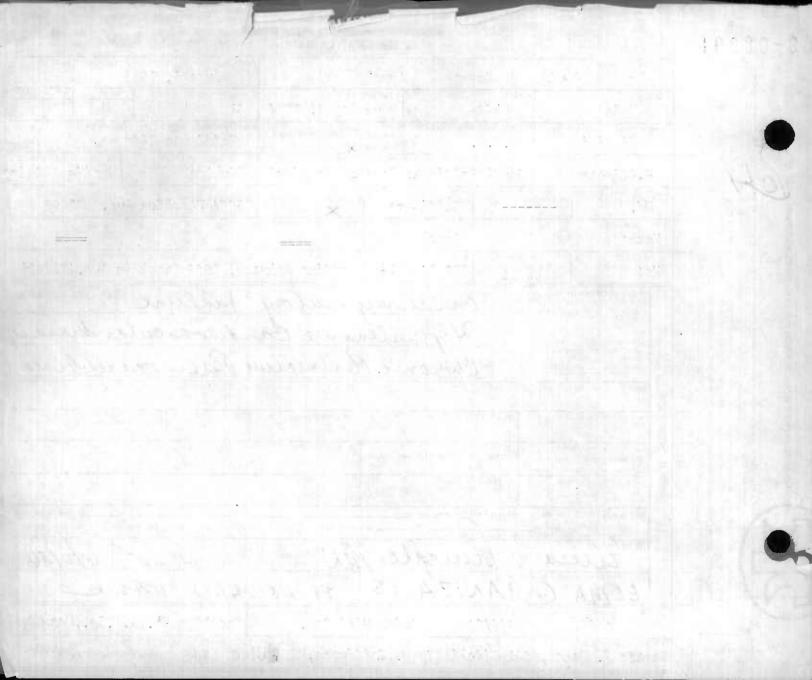
8	6	1	6	1	8	4
	REG. NO.					

ľ	REGISTRAR		CERTIF	FICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
(1	YPE OR PRINT) Alvin	Samuel	2 Lynch	i	June 1, 19.	86 M
3.	sex Male	4. RACE White		of Birth Ember 2, 1924	6. AGE (IN YEARS LAST BIRTHDAY) 61 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
70.	BIRTHPLACE (STATE OR FOREIGN	U.S.A.	COUNTRY? 8 MARRIE WIDOW	ED NEVER MARRIED	9. BALTIMORE CITY <u>OR</u> COUN Baltimore Ci	ty . MD.
	Baltimore			or other institution ral Hospital	120 USUAL OCCUPATION (1485 C WORK FOR MOST OF WORKING	industry. Heating/Plming
13	SUAL RESIDENCE (IF NURSING HOME OF STATE 13b. COL	OR OTHER INSTITUTION GIVE RES	DENCE BEFORE ADMISSION) TYPE TOWN LETTEMOTE	13d INSIDE CITY LIMITS? YES NO [13° 37966 ADBRESSOKLYN	Ave. 21225
	FATHER'S NAME Vernon	MIDDLE LE	ynch	15. MOTHER'S MAIDEN NA	WIDDLE	LAST
160	LYES NO OR UNKNOWN) (IF YES, G		16 4916	Pauline John	son, 3906 Brook	lyn Ave. (21225)
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one cause per line for	(0), (b) and (c)	- T.	1 . 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		ATE CAUSE (a)	racores	puralon	jaieur	
		DUE TO, OF	CONSEQUENCE	do	dinen MI	Car Disease
	Conditions, if ony, which	(b)	yperce	usul ca	racorrocci	the attack
	gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OP SA	CONSEQUENCE OF	Al atherti	is D. Dina	Au Minne
		(c) Cu	no nice	ounce	a Jacemon	apy verreur
NG		CONDITIONS CONTRIB	UTING TO DEATH BU	T NOT RELATED TO THE TERM	ainal disease or condition (SIVEN INPART ITO
CEPTIEICATION	190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATION	ON WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \equiv \)
	OR CONTRIBUTION TO CAUSE OF O	EATH HOUR A.M. M	RY ONTH DAY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM)	8 PART 1 OR PART 2)
AMEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJ	URY TORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (I) (this has				, to	, that (It (we) lost
7	saw the deceased alive of obove (1) (we) (did) (did)	nat) view the body after d	eoth.		deoth occurred on the date and h	our and from the causes stated
	22b. SIGNATURE	& lau	izales,	MAN ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/86
	ELMA G	PANT.	LALES	F7. HOL	DATE .	rue
23	(SPECIFY) Rurial	6/4/86		CEMETERY OR CREMATORY HILL Cem.		A.A.Co., Maryland
	FUNERAL DIRECTOR GONCE,	Anni Pitobi	o AMBIBUL Roll	Ptimore MT 250. DAT	TE REC D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
U	levige s. conce,	TOUT MICH	c ilgwy., sw	Countries, my	ו טסטו בייי	1

DHMH - 16 50M 4/82 (VRA 15, 4)

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IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the



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Burial

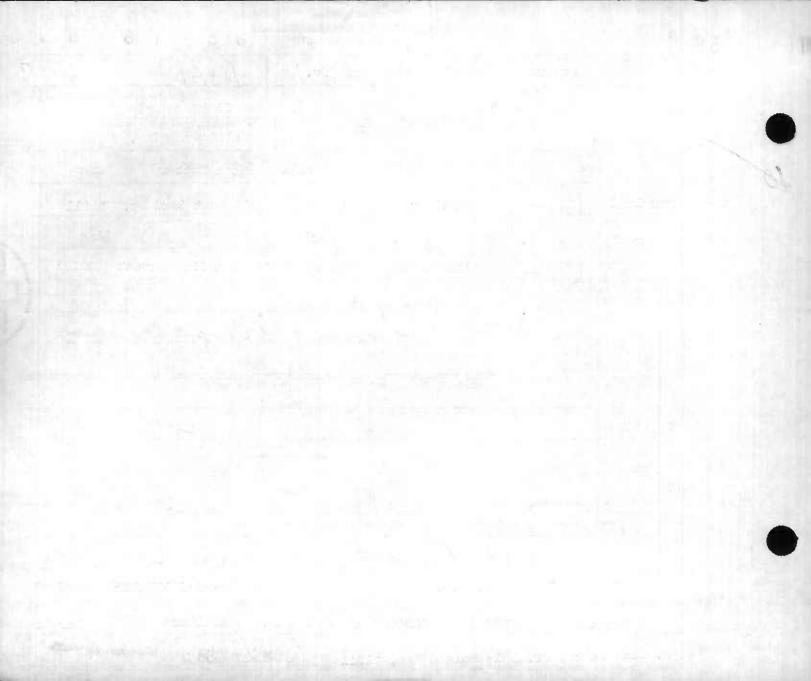
24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH IF UNDER LYEAR HOURS BALTIMORE CITY OR COUNTY OF DEATH Baltimore City, 126. KIND OF BUSINESS OR Meat Cutter 821 West 33rd St. 21211 Kline Helen Maas 821 West 33rd Street 21211 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OMO 20h IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my (aur) apinion death accurred an the date and have and fram the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN Union Memorial NXXXXXX Hospital Baltimore Gardens of Faith Cem. 6/30/86 Maryland 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE who Davidson A. Alan Seitz, Jr. 3818 Roland Ave. 21211



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

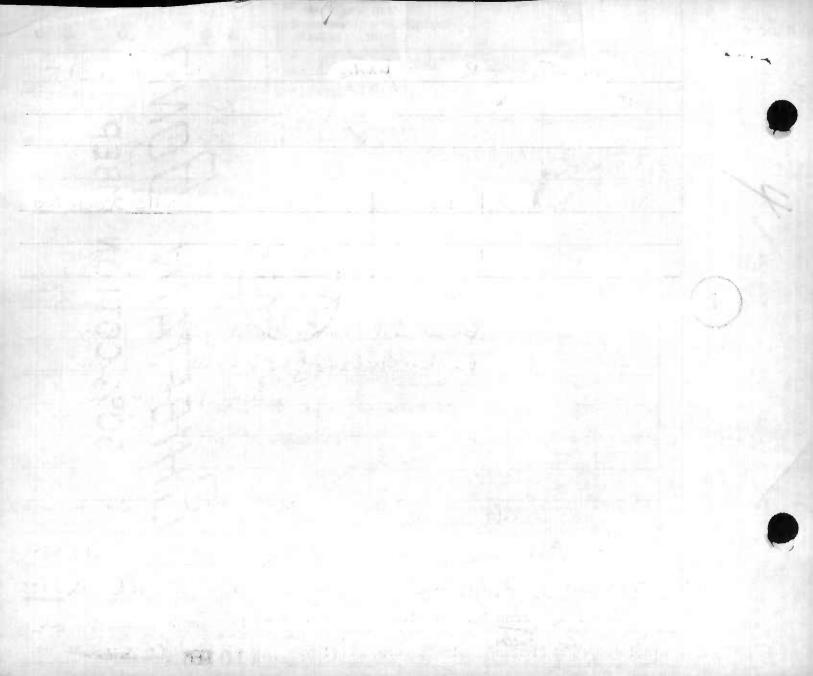
							REG. INC			
	CEASED NAME FIRST		MIDDLE	L.	AST		20 DATE OF DEATH	HINON	DAY YEAR	26 HOUR
(TYPE	OR PRINT) Elizab	n+h	Rose	Ma	cha		Tun	^	7. 1986	122
	ELIZAL	etn .	RUSE	Ma	Cila		Jun	= 1	7, 1986	D. M
3. SEX	/	4 RACE		5. DATE C	E BIRTH		& AGE LIN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	the same of the sa			MONTH		AEVD			MONTHS DATS	HOURS MIN,
F	emale	W	hite	Oct		1899	86	VDC		
				OCL	. 4,	1099	00	YRS	A OF DEATH	
	RTHPLACE (STATE OR FOREIGN	14 CITIZEN OF	WHAT COUNTRY?	8.	NEVER A	ADDIED [9 BALTIMORE CITY OF	COUNT	OF DEATH	
	Ountrave	11	A				R - 1-	4	141	
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10 CI	TY OR TOWN OF DE TH		HOSPITAL, NURSIN		R OTHER INST	ITUTION	120 USUAL OCCUPATION			F BUSINESS OR
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ARSTI	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSIONS					101111	
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1		VE WAR OR DATES	22					ld St	age Roa	d
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	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per	line far (a), (b), and	d (C)	1				BETWEEN	ONSET AND DEATH
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	IMMEDIA	IL CAOSE (O)								
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2	the later was a second					1	Carle Ver	ex 1	parkerine_	
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17.00-41	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA	AY YEAR						
4	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.	M.	19						
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쁏			REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TO	NN	COUNTY	STATE
-	AT WORK NOT WHILE						110			
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	sow the deceased olive or	611	19.5	6, or	nd that in (my)	(aur) apinian d	death accurred an the do	te and hou	ut and fram the	couses stated
	abave, (1) (we) (did) (did no	at view the body	after death.		DEGREE				In DATE	CICNED
	22b. SIGNATURE								22c. DATE	SIGNED
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	100					PHYSICIAN	DIRECTOR PHYSIC	IAN		110-
	226 PHYSICIAN'S NAME (TYPE	_			22e ADDRES	5	0 11 ~	0	11.	0
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230 E	BURIAL CREMATION, REMOVAL	23b. DATE	23€ 1	NAME OF C	EMETERY OR C	REMATORY	236 LOCATION			
	SPECIFY) Burial	The second secon				m. Park	CITY OR TOWN		COUNTY	STATE
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The real Property lies		-								

Glen Burnie, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Singleton Funeral Home



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e 4 moy be	s after death	1. DEC (TYPE	CEASED NAME OR PRINTI	REN	RACE /	P, PM	ac H	MAC HAM AME F BIRTH	IER R	6. AGE (IN YEARS	G = 2	A S S S S S S S S S S S S S S S S S S S	2b. HOUR 1 OOP M IF UNDER 24 HRS HOURS MIN.
A	Promote Promot	10. CI	RTHPLACE (STATE OR FO COUNTRY) NSYLVANIA TY OR TOWN OF DEA timore		U.S.A		MARRIED WIDOWEI		AARRIED	Balti 120. USUAL OCC	MOST OF WORKING	LY 12b. KIND C	MD. OF BUSINESS OR
RYLA	and 2 shours to	13a. S Ma: 14 FA	AL RESIDENCE (IF NURSI) TATE TYLAND THER'S NAME FIRST DMAS	13b COUNT	Y 13c	RESIDENCE BEFORE CITY OR TOWN altimore LAST Connell	١ ١	15. MOTHER'S	MAIDEN NAM	AE MI	Northe	oe rn Pkwy .	21209
LTIMORE, N	ers. Pages 1 at 1.	16a V	VAS DECEASED EVER I	N U.S. ARMI (IF YES, GIVE V	ED FORCES? 16b VAR OR DATES) 2	SOCIAL SECUR	343	17 INFORMAN			M. ADDRESS -1005 A	Adcock F	Rd. 21093
W. PRESTON ST.,	n signed by the atending phy Then please remove carbonpo tra burial, cremation, ar remov injury, ar ather traumatic event	NOI	Canditions, if any, gave rise to imm cause (a), stating underlying cause PART 2. OTHER SIGN	which ediate the last.	DUE TO, OR AS (b) DUE TO, OR AS (c)	S A CONSEQUE	NCE OF	e D	ENEAT CVK	T.S.	R CONDITION G	4	yrs .
OF VITAL RE	rical-transit permit. ental Hygiene prio	AL CERTIFICATION	19a. DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	ERLYING	21b. TIME OF IN	IJURY MONTH DA				YES NO	D IN CERT	ES, WERE FINDII FIFYING CAUSES YES	NGS USED 5 OF DEATH? NO [
TEND)	DIRECTOR: After this of sched for use as the bur Dept, of Health and Me	MEDICAL	21d. INJURY OCCURR WHILE NOT WHI AT WORK NOT WHAT 220. I certify that (I) saw the decese above (I) [well (d) 22b. SIGNATURE	ED this haspital	21e. PLACE OF I (AT HOME, STREET,	eceased from	22 6.00	d that in (my)	19.86	ta 26	TY OR TOWN THE date and ha		
HOSPITAL	should be detach with the State De		22d. PHYSICIAN'S NA	0	23b. DATE	oldsole_	dl.) A	Keswi	MEDICAL DIRECTOR 1	- Balto	He Ji	110 1986
BP		C	SPECUTY) CEMATION JNERAL DIRECTOR		6-27-86	We	estvi	ew Crem	atory	Balt	O.	COUNTY	Md.
	16 60M 7/84 A 15, 4)		ck Towson F	unera	1 Home.			rk Rd.	11118	N 30 198	- 1	-	ondalla.

And the contract of the contra A The assets in the X Market Land Market Anna are off neshres as 300 CE HILL

THE STATE OF DEATH DECERSION AME DECERSION AME DECENSION AME DECENSIO		Cert. amended by M.	E. 9/3/86 dad STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG	IEME
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3.5EX SEX SEX			MIDDLE LAST	
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MARY AND DISTRICT TO RECEIVE THE STATE OF TH	-16	7g. BIRTHPLACE ISTATE OR FOREIGN 7h CITI	TENLOS MULTAS COMPIENVO A	110
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THE PATHER'S NAME THE FATHER'S NAME THE THE FATHER'S NAME THE FATHER'S NAME THE FATHER'S NAME T	Filled bould to			FALLS PKWY, BALTO, MD, 21216
THE DATE OF THE PART I DEATH WAS CAUSED BY COME BY THE WAS CAUSED BY THE WAS C	RYLL within	FIRST MIDDLE	LAST	ME
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POLAND T. SMOOT, M.D. 2300 GARRISON BLVD., BALTO, MD. 21216	O HO forned or the things of t	ROLAND T. SM	00T, M.D. 2300 GAR	RISON BLVD., BALTO, MD. 219
136 DURIAL CREMATION, REMOVAL 136 DATE 136 NAME OF CEMETERY OR CREMATIONY 136 LOCATION CITY STATE	D = 1 + 3 ₹	23a BURIAL, CREMATION, REMOVAL 23b. 1	1	CITY OR TOWN _ COUNTY STATE
BP BURIAL 6/11/86 ARBUTUS MEM. PARK BALTIMORE, MARYLAND	BP			BALTIMORE, MARYLAN
OHMH-16 50M 4/83 (VRA 15, 4)			UNEICAL HOME, INC.	N 1 3 1256 Juni Juni 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

STATE CONTRACTOR AND A STATE OF THE STATE OF

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLANDERING

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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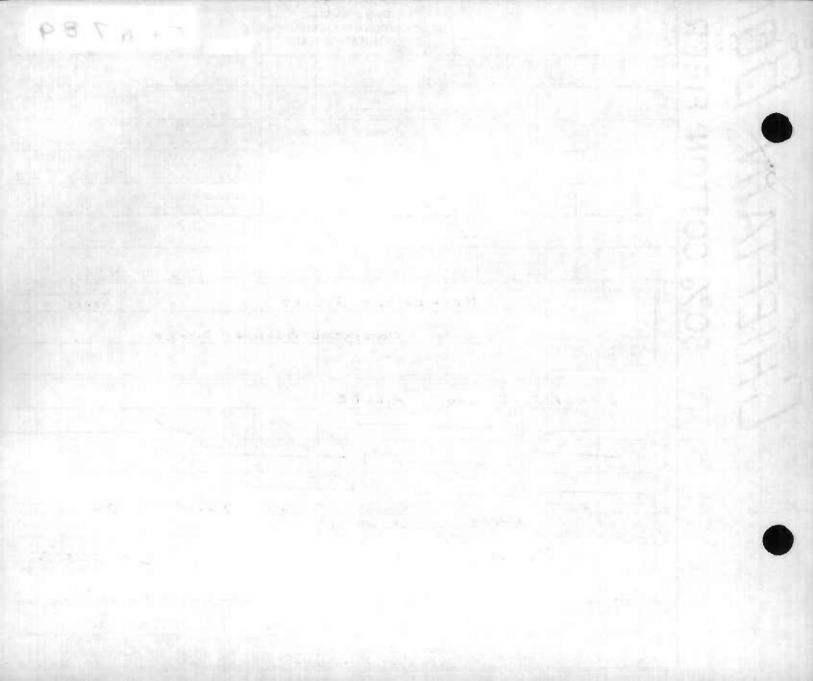
	1-	FOR STATE REGISTRAR	DEPARTI		EALTH AND MENTAL HYG	IENE 86	167	189
		CEASED NAME FIRST	MIDDLE	t	AST	20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
	TYPE	OR PRINT) Mildr	ed E. Maddox			June 12, 19	986	9:30pm
	J. SEX		4 RACE	S DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
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y	7a. Bif	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH	BEST FOR
2	M	Maryland	USA	WIDOWE	DIVORCED [Baltimore		MD.
-		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)		OF BUSINESS OR
		Baltimore	3019 Belair		21213	Candy Maker	Can	dy Store
7	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C		
	N	Maryland	Baltim	ore	YES NO NO NA	3019 Belair	Rd, 21	213
ŝ	14 FA	THER'S NAME	MIDDLE		FIRST	WE		AST
2		Bartley VAS DECEASED EVER IN U.S. AR	Halloran MED FORCES? 1166 SOCIAL SECU	IDITY NO	Minnie	ADDRESS	Heffer	
	- (1	YES, NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES)				a shour	
		<u> </u>			& Charles M	addox, same a	S above	OXIMATE INTERVAL N ONSET AND DEATH
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		IMMEDIAT	E CAUSE IO)	-			10-71	
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		underlying couse last	(c)	EINCE OF				
			CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART	110
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7	ICAI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		F YES, WERE FIND ERTIFYING CAUSE	
	RTIF	-		1945	Tax 112	YES NO	YES 🗍	NO 🗍
1		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216 TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	ZIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEA	A 18 PART (OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 216 INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION			
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		AT WORK AT WORK	ital) attended the deceased from.	AUGU	ST 19.84	MARCH	10.86	. that (1) (we) lost
		sow the deceased alive on	MARCH 19_	86 .0	nd that in (my) (our) opinion	death occurred on the date and		
		obove, (I) (we) (did) (did no	it) view the body after death.		DEGREE	-		E SIGNED
	-3	John Th	smas Ovelu	uf.	H.D. ATTENDING PHYSICIAN	MEDICAL STAFF	161	13/86
_	771	224 PHYSICIAN'S NAME (TYPE O	OR PRINT)		22e ADDRESS	J OINCETON E THIOTERINE		
		Dr.	Evelius, M.	D.	Union Mem	orial Hosp, B	alto. N	١d.
		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION		STATE
		Burial	6/14/86 N	leado	wRidge Cem.	Baltimor	e, Md.	SIAIE
		UNERAL DIRECTOR	3331	Breh	ms Lanel	E REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNA	
		SCHIMUNEK FUN	NERAL HOME, Bal	Lto,	Md. 21213 J	UN 177 1986 A	WAY AND LUGGEL	6

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After

IMPORTANT: If Hem 21 is marked or Hem 18 shows any



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			1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	190
] [] -	10488			REGISTRAR	CERTIFICATE OF DEATH	
				EASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DAY	YEAR 2b. HOUR
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	to de		10 CI	Y OR TOWN OF DEATH		126 KIND OF BUSINESS OR
-	P 8			SALTO.	806 S. BOULDIN ST. 21224 RETILED	DEISKETTELCO
100	o d	o o	USUA	L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	21224
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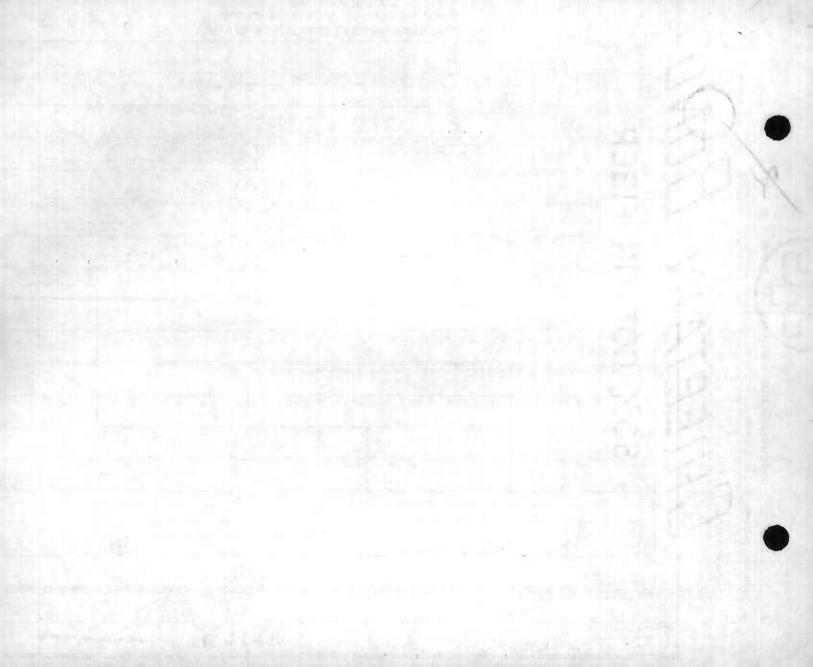
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TEN TOR Or us			6-28-		nd that in (my) (our) opinio	on death occurred on the d	ote and hour on		
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- Abrille District Design to Inter

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATER REGISTRAR 1. DECEASED NAME DATE KNOWN X HTHOM 2b HOUR (TYPE OR PRINT) OF ESTI-1986 MINAS NICHOLAS MARANGOS 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE OF BIRTH d HOUR DATE MONTH DAY LAST BIRTHDAY PRONOUNCED 1986 3:47 Male White 28 DEAD 19 66 YRS 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED FOREIGN COUNTRY) Greece U.S.A. WIDOWED DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY General Contractor Baltimore University Hospital Building SUAL RESIDENCE (IF IN NURSING ROME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 136 INSIDE CITY LIMITS? 130 STREET ADDRESS Baltimore 112 Williams Avenue 21222 Maryland Baltimore NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST EMRST Minas Foula Marangos Filipides 18. GIVE PAGE; WITH FORMIT. PAGES Mrs. Calliope Marangos 112 Williams Avenue. Bal 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) 505-34-8769 Williams Avenue, Baltimore, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) D AS A BURIAL -TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, DI CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 😾 NO O EXECUTE THE CERTHICATE, WRITING THE WO PAGE A SHOULD BE CREWARDED TO THE TO FUNERAL DIRECTOR: PAGE 3 SHOULD IN AFTER DEATH, VITH HE STATE DEPARTMEN BALTIMORE, MANIOUS, 21201 PRIOR TO H 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 0 HOUR A.M. MONTH DAY YEAR UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 10: 40xx 6-6- 1986 Subject fell from scaffold. 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE AT WORK airport B.W.I. Airport Anne Arundel MD 220 I certify that I took charge of the remains described above, held an Inspection and in my apinion Accident X death resulted fram: Hamicide Natural causes Suicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 6-7-86 DAssistant SIGNATURE Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 EXAMINER'S NAME TYPE OR PRINT **ADDRESS** 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial 6-9-86 Oak Lawn Cemetery Baltimore 07/84 BP. Baltimore Md. 24 FUNERAL DIRECTOR **DHMH - 17** _Matthews, Matthews"Funeral Home Eastern Avenue, Baltimore, Md. 2 (VR A15 ME (5))



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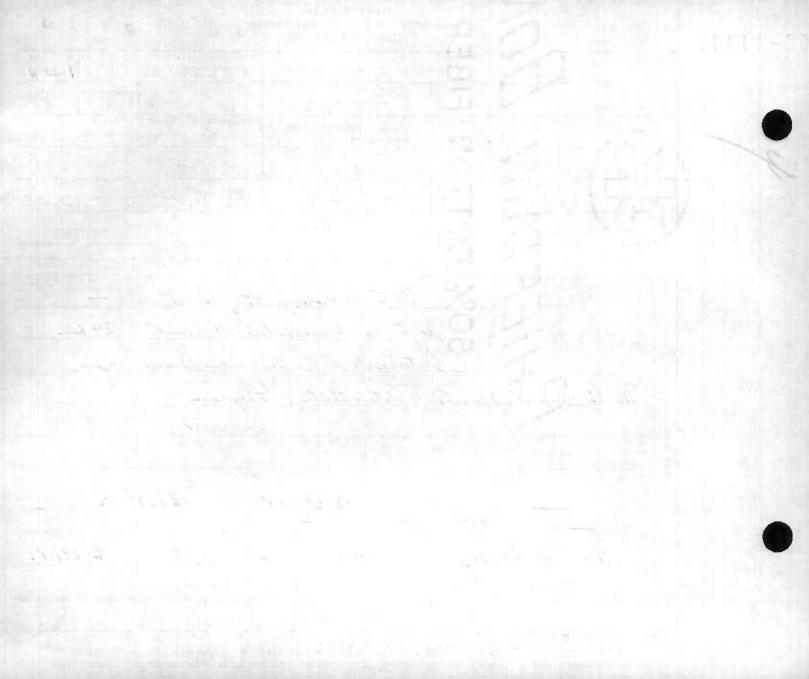
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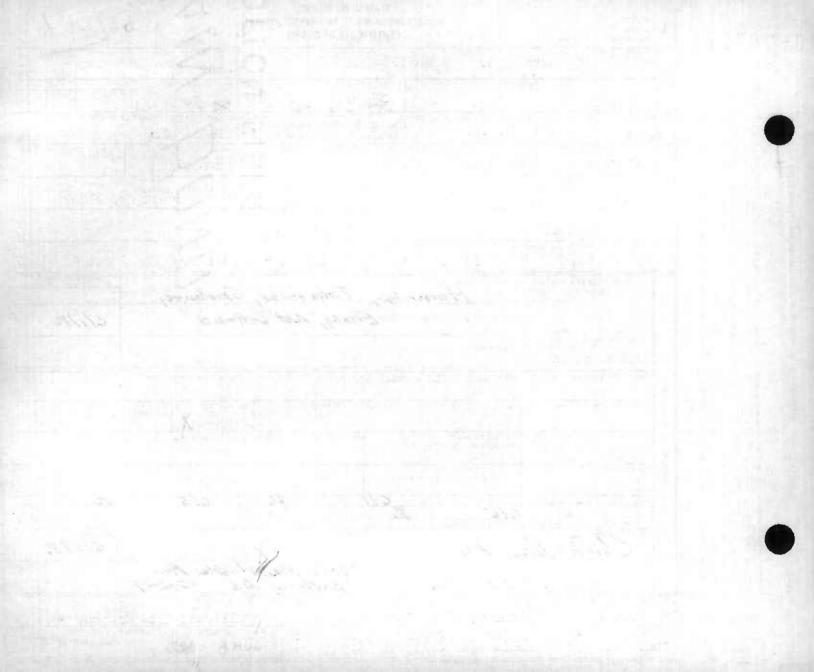
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		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT		DRESS		
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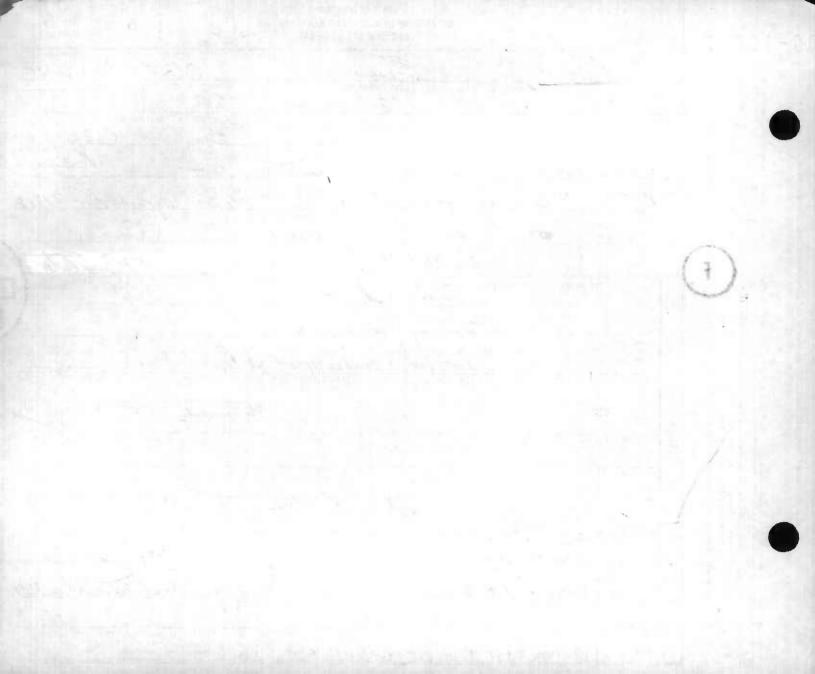
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	1		STATE OF MARYLAND
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1 44	3. SE	5	S. DATE OF BIRTH MONTH DAY YEAR 6. AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS HOURS MIN.
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TE DE		DUNTA	CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH
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	1	Ballmen	12. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
2 2 2 2 2	USU 13a.		HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
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1 160	M. E.	THER'S NAME	SINCE LAST IS MOTHER'S MAIDEN NAME FIRST MIDDLE SLAST
1	16a \	VAS DECEASED EVER IN U.S. ARME	ED FORCES? 166 SOCIAL SECURITY NO. 17 INEGRMANT ADDRESS
9 /t		YES, NO OR UNKNOWN) (IF YES, GIVE W	
4		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE (BY:
ON 51			DUE TO, OR AS A CONSEQUENCE OF
dec dec		Conditions, if any, which	(16) Coram-negative 32 psts
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her point	Z						ansverse co		NDITION GIVEN	IN PARE III	5
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T C C C C C C C C C C C C C C C C C C C		obove, (I) (we) (a	lid) (did not)	view the body	atter death	,	nd that in (my) (our) opinion	death accurred on the	dote and nout o		
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oned by OFILMERA ONE SELLINERA		Stephen	K. P	aduss	is. M.D.		3455 Wilke	ens Avenu	P		
0 0 0 d d							Baltimore.	Md. 212			
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

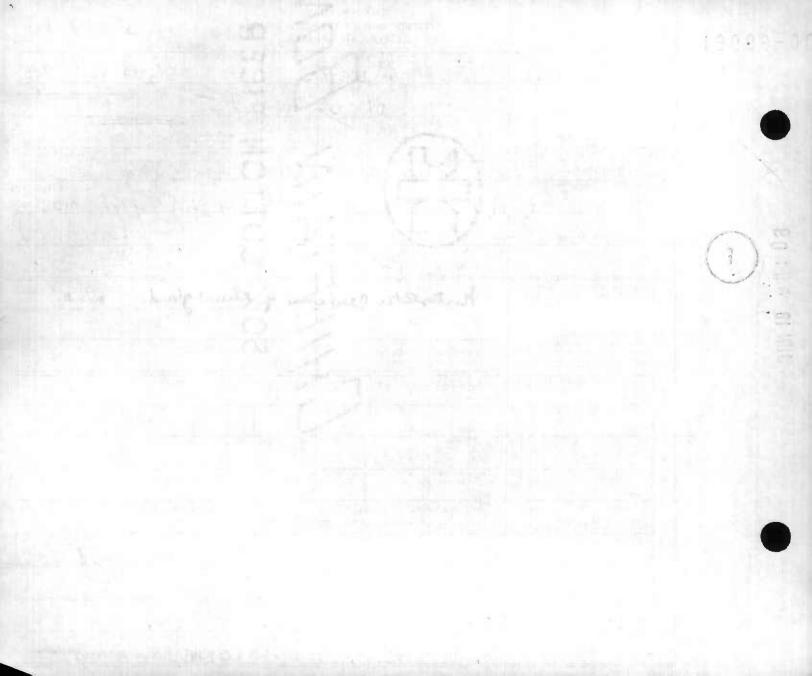
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	3 SE)	Male	White			E. 16,1904 AR	6 AGE (IN YEARS LAST BIR	MON		UNDER 24 MRS
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8		TY OR TOWN OF DEATH BALTIMORE	MARYLA	ND GENERA	L HOS	or other institution SPITAL	Type of work for most of Architec		126. KIND OF BUINDUSTRY	USINESS OR
1	13a. S	AL RESIDENCE HE NURSING HOME OF TATE 136 COU		Baltimo	4	134 INSIDE CITY LIMITS?	13e STREET ADDRESS /		2121	7
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		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	NCE OF	(26 unit Blood	Transfusio	n		
	z	PART 2 OTHER SIGNIFICANT	, (c)	Riceaing	Secor	naary to proto	una_Coaguic	patny_1	N PART 110	irs
	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH (OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WI	ERE FINDINGS G CAUSES OF	USED DEATH?
	RTIF	June 1, 1986		ured Abdo	minal		YES NOX	YES [) N	10 🗆
7		2) a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.		Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I	OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET FACTORY, OFFICE FA	RM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22a I certify that (I) (this hosp		e dereozed Holli	June		, to	. 19_		X (we) lost
		saw the deceased alive a above, (X (we) (did) (XXX)	view the body	are death.	\rightarrow	nd that in 🎞 (our) apinian d	leath accurred an the do	ate and have an	22c DATE SIG	
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	- 3	THE THE SICIANUS NAME (111)	Carrent Land	1 N. D		22e ADDRESS	3 0	375.14		
		Nayne Z.	Carra	7 / .		C/O Maryian	d General H	ospital		
	23a. B	URIAL, CREMATION, REMOVAI				CEMETERY OR CREMATORY	23d LOCATION		DUNTY	STATE
	(URIAL, CREMATION, REMOVAI SPECIFY Burial JNERAL DIRECTOR		,1986 St.	Jame		23d LOCATION CITY OF TOWN	Anno A	PUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is

Section Section 1

		1		FOR	DE		OF MARYLAND EALTH AND MENTAL HYG	IFME .	1 6 2	a I
0 - 0	9961		1 -	STATE REGISTRAR	DE		ICATE OF DEATH	REG. N	0 0	
	e 65		DECE TYPE O	ASED NAME PRINT	aul Ma	Maslin	AST .	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	poge 3	_		Tau		100	18LIN		06 It 86	TOPM
	ge 4 mc ector. p	3	SEX	Male	Caucasin	S. DATE C	DAY YEAR	75	VRS. PUNDER 1 YEAR PRONTING DAKE	HOURS MAN
	eral dir	7		HPLACE (STATE OR FOREIGN UNITY) US A	76 CITIZEN OF WHAT COUNTY	MARRIE WIDOWE	NEVER MARRIED DIVORCED		re City	MD
5 X	by the fur	3	CITY	OR TOWN OF DEATH	III. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	120 USUAL OCCUPATI	ION THE KIND O	OF BUSINESS OR
ND 212	24 hair filled in b guld be f		SUAL 30. ST		OTHER INSTITUTION GIVE RESIDENCE NTY 13c. CITY OF Lint	e before admission) R TOWN hicum	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS		MD 21090
MARYLAND 2120	Z sh	28	FAT	HER'S NAME I	Lawrence Ma	"S[IN	15 MOTHER'S MAIDEN NAM	Suzann	le Bru	den
		2	6a W	S DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	Laviece R.	ABST Maslin I		Road MD 2109
T. PALE	physical npopimaval vent,		1	8 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		ib, and ic.	Carcinme of	Adreway of	and me	XIMATE INTERVAL ONSET AND DEATH
ŽCC	ding orbo		3	MARCO	DUE TO, OR AS A CON			0		
EFT	deot ove c			Conditions, if ony, which	((b)	020027-02-07				
*	by the cose remote. Cremote other trees.			gove rise to immediate couse (0), stating the underlying couse lost	DUE TO, OR AS A CON	SEQUENCE OF				
105, 201	quires the signed the plector of the plector of the plector of the plector of the purion of the puri			ART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1	10
DIVISION OF VITAL RECORDS, 201 W. PREFT ON ST., BALTHMORE	he low re ion. hos been it permit iene prior	1	CERTIFICATION	DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDI IN CERTIFYING CAUSES YES	
JE VII	SICIAN: T ng physics certificate urial-tronsi entol Hygis frem 18 sh	-//		OR CONTRIBUTING CAUSE OF DEA			21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2}	
VISION	offending offending ter this cer is the burid hond Men		W.	(IF EITHER NOTIFY MEDICAL EXAMINER IN INJURY OCCURRED WHILE NOT WHILE TOORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, C	DEFICE FARM ETC)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
ō	TOR: Aft			20.1 certify that this hospi	JUNE IT		ed that in (our opinion)		ote and hour and from the	, that (we)lost
	the host of DIREC etached te Dept f: If them		1	26. SIGNATURE	view the body ofter death.	~ ~	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		17/86
	reformed by the TO FUNERAL should be defined with the Stote IMPORTANT: H	/		2d. PHYSICIAN'S NAME (TYPEO	OR PRIN	MD	220 ADDRESS	Honous	erst	1000
	Short Short	2		RIAL, CREMATION, REMOVAL	236. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	BP		E	urial	06-18-86		Park Ceme.	Baltimo	re. City	MD
	DHMH - 16 60M 7/84	2	_	ERAL DIRECTOR			25a. DAT	E REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNA	TURE
	(VRA 15, 4)		lac	Nabb Funeral	l Home. Cat	onsvill	e. MD Jl	JN 1 0 1986	Julia Davidson-	Mandelle

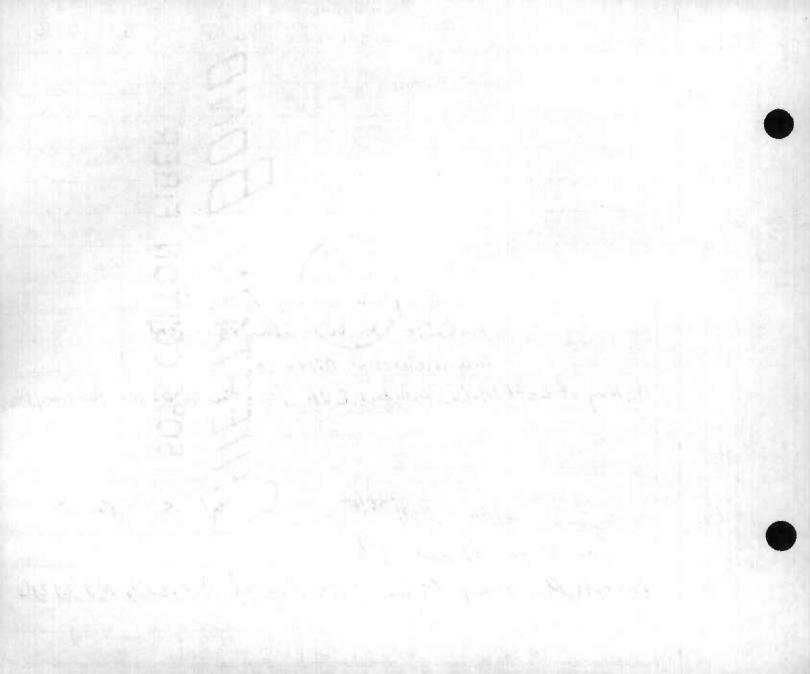


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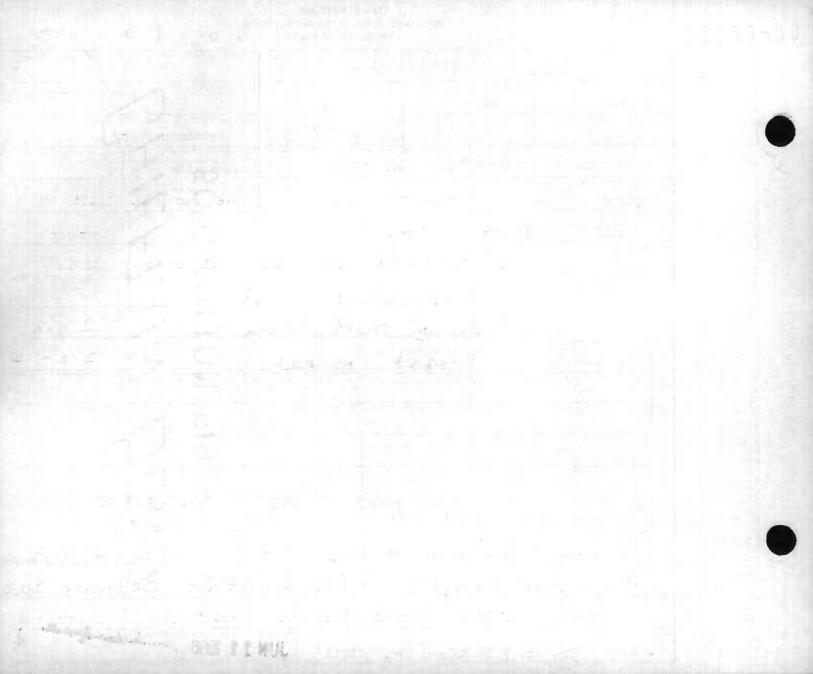
DHMH - 16 60M 7/B4

(VRA 15, 4)

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	1 -	STATE REGISTRAR	· ·		ICATE OF DI		80		0 0	U	See .
	1. DEC	EASED NAME FIRST	WIDDIE		LAST		REG. N	MONTH	DAY YEAR	26 HOU	JR
	(TYPE (THELMA	В.	MASO	N	WINES.		6	15 86		
4.	3. SEX		4. RACE	5 DATE O			6. AGE (IN YEARS LAST B		IF UNDER 1 YEA	R IF UNDER	24 HRS
0		Female	Black	MONTH 4	23	12	74	YRS	MONTHS DAY	S HOURS	MIN.
6	7a. BIR	THPLACE STATE OR FOREIGN OUNTRY) Md.	76 CITIZEN OF WHAT COL	MARRIE WIDOWE	D NEVER M	ARRIED ORCED XX	9 BALTIMORE CITY	4.2.			MD
	0.00	Balto.	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI	VE STREET ADDRESS)			12a USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST UNEMP 10	OF WORKING LI		OF BUSINE	ESS OR
5	13a S	L RESIDENCE (IF NURSING HOME OF TATE 136 COU		OR TOWN	YES X	NO 🗌	130 STREET ADDRESS			1215 e Apt	.#70
0		Benjamin		AST	- 1	IRST	MIDDLE			LAST	
-	_	AS DECEASED EVER IN U.S. A		AL SECURITY NO	Ldna 17 INFORMAN	-	ADDF	ESS	<u> Hill</u>		
6	(1)	NO OR UNKNOWN) (IF YES GI	IVE WAR OR DATES)	24-9564	Vornor	. U М-	ason, Jr.	2000	bloodhi	no A.,	_
	CERTIFICATION	PART 2. OTHER SIGNIFICANT The boy of 4 190 DATE OF OPPRATION	CONDITIONS CONTRIBUTIONS CONDITIONS CONTRIBUTIONS CONTRIBUTION FOR	SCIENTE SCIENTE NG TO DEATH BUT PAIII LU WHICH OPERATIO	NOT RELATED TO COME IN WAS PERFOR	A /	e IN AL DISEASE OR COM home 06 200 AUTOPSY?		VEN IN PART Sive Pur S, WERE FIND		
7	TIE						YES NO		FYING CAUSE ES 📋	NO L	4"
1	MEDICAL	27a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CLUE CHEER NOTIFY MEDICAL EXAMINE 27d INJURY OCCURRED WHILE AT WORK 27a. I certify that this hosp saw 1 obove 27b SIGN	21e PLACE OF INJURY	OFFICE FARM ETC.) from 4/2	211 LOCATION STREET	N	CITY OR 1	оwи 1 5	COUNTY	s, tho ()	we) last
		22d PHYSICIAN'S NAME (TYPE DAVYOLL M.	M. Gran	M. O	220 ADDRESS 7329	AVA	MEDICAL STA	· Bal	J. M.	9 21	7.10
	230 BI	JRIAL, CREMATION, REMOVAL	L 23b DATE	23c NAME OF C	EMETERY OR CE	REMATORY	23d LOCATION	- U-W			
		Burial	6/18/86	Md. Nat	. Mem. F	Pk.	Laurel.		YINDOS	Md.	STATE
		NERAL DIRECTOR			-1111		REC'D. BY REGISTRAL	25b. REGIST			
		Wm [™] C March F/H	West 4300 ⁴	Wabash A	ve.		1. 1 158	Holis			4



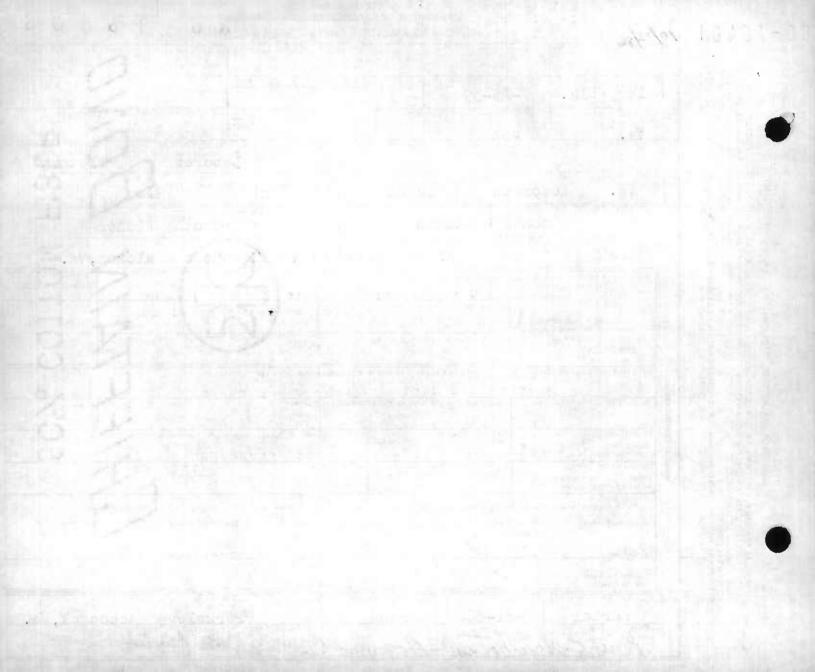
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e 4 may be tor, page 3			Vio		1.	Mas		777			09 8	36	M
r. po		3. SE		4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS.		UNDER 24 HRS
ge 4	0.7	1	Female	White		07	14	19	66	YRS.		5.1.5	Mile.
Poor Poor	502		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY?	8. MARRIE	NEVER A	MARRIED -	9 BALTIMORE CITY	OR COUNT	Y OF DE	HTA	N. L.
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AND 21: n 24 hount filled in	10g	130. S Ma	ryland		CITY OR TOW Baltimo:		13d. INSIDE C	NO [136 STREET ADDRESS 3316 Bee	s / ZIP COO ch Ave	DE 2.	1211	
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STON SI	oumofic e		Conditions, if any, whice	DUE TO, OR AS	A CONSEQUE	ENCE OF	o Las	ton				21	art.
W. PRE	other tro		gove rise to immediat couse (a), stating th underlying couse los	DUE TO, OR AS	A CONSEQUE	NCE OF	1	402		1		2/:	عرب
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1. RECOR	à Col	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	N FOR WHICH	OPERATIO	N WAS PERFO	PRMED	200 AUTOPSY?	IN CERT	ES, WERE	FINDINGS AUSES OF	USED DEATH?
OF VITA ICIAN: THe graph physicide eruficote iol-tronsit	18 s		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE C	FDEATH HOUR A.M.	MONTH DA	AY YEAR	21¢ HOW IN	IJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR P	ART 2)	
VG PHYS offending fer this co	2	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF I			211. LOCATIO	NC	CITY OR	TOWN	COU	NIY	STATE
NTTENDIN	23 is ma		220.1 certify that (I) (this to sow the deceased alive above, (I) (we) (did) (did)	0	19_	4-2 P6. on	d that in (my)	(aur) opinion	death occurred on the	dote and ha	, 19 Co	, moi	t (I) (we) lost ses stoted
Al OR A the hor Al DIREG	IT: If Ber		276 SIGIPATURE	adala	nan	NA C	MD A	ATTENDING PHYSICIAN D	MEDICAL ST	AFF	22c.	DATE SIG	NED - SC
TO HOSPITAL of retoined by the TO FUNERAL I should be detoined by the	MPORTANT		Alan A	rpe OR PRINT)	MC)	600	s Lic	htSt	Bo	Uti	More	2, 2123
BP	2	23a. B	URIAL, CREMATION, REMO BUTIAL	VAL 236. DATE 6/12/86			e Park		23d LOCATION CITY OF TOWN Baltimo	re	COLMIY	Max	yland
DHMH - 16 60/ (VRA 15,			NERAL DIRECTOR NAME Alan Seitz,	Jr. 3818 R	oland A	ve.	21211	JUI	E REC'D. BY REGISTRA 1.1 1 1986	R 25h, REGI	محالا	- Densi	1,



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR DECEASED NAME MIDDLE 20 DATE KNOWN (TYPE OR PRINT) ESTI-CLIFFORD MATTHEWS DEATH MATED 1986 4 RACE 3 SEX IF UNDER 1 YR. I IF UNDER 24 HRS. 5. DATE OF BIRTH A AGE (IN YEARS DATE 2d HOUR MONTH YEAR LAST BIRTHDAY 11:11 PRONOUNCED Male **Black** 3 10 50 36 DEAD 1986 YRS In RIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. DIVORCED WIDOWED Baltimore City IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! OR INDUSTRY FOR MOST OF WORKING LIFE) Baltimore Unemployed Johns Hopkins Hospital 3n STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 232 Silver Court 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE George Matthews Helen Wright 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 213-52-4970 Carole W. Matthews 1313 N. Washington 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH AND MENTAL HYGIENE, ATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Nutritional cirrhosis DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 USED AS A B CERTIFICATION Cardiomyopathy and sickle cell disease CRTIFICATE, WRITING THE WORD "PEN CUD BE FORWARDED TO THE CHIEF MI L DIRECTOR: PACE 3 SHOULD BE USED A H, WITH THE STATE DEPARTMENT OF HEAL WADVIAND. 21201 PRIOR TO BURIAL, CI 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES K NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN NOT WHILE COUNTY STATE AT WORK AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE.) PAGE 4 SHOULD BE FORW TO FUNKAL DIRECTOR: PAFTER DEATH, WITH THE STABALIMORE, MARYLAND, 2 mains described above, held on Autopsy Inspection and in my opinion National courses Homicide Undetermined manner TITLE (SPECIFY) ACTUAL 6/22/86 Chief SIGNATURE MEDICAL EXAMINER John E. Smialek, M.D Penn St., Baltimore, Md. 21201 23a, BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL STATE 6/25/86 Garrison Forest Veteran Owings Mills, Md. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 March Funeral Homes 1101 East North Avenue who Davidson Gondate (VR A15 ME (5))



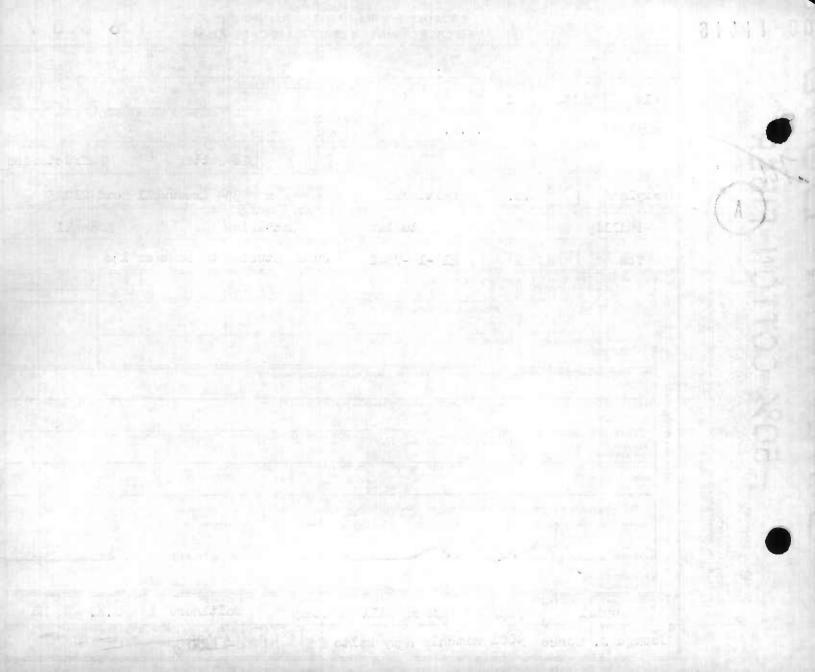
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S NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. D. WITHIN 72 HOURS WLPRESTON STREET,	3 SE		Blk.	7-25-59	YEAR	6. AGE (IN YE LAST BIRTHD	AY) MONTH		F UNDER 2	MIN PRON	ATE DUNCED EAD		6/	1.6/ 19 E	10:29
A AL TO	7a. B	RTHPLACE (STAT	E OR	76 CITIZEN OF WH	AT COUN		0			9 RAI		CITY OR CO			
SHA SE SE	FC	REIGN,COUNTRY)		USA			WIDOW	ED NEVE	ER MARRIEI DIVORCEI		1+im	ore C	i + 17		
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LAY IS NO THE FI	1	Baltim	oro /	Johns Ho			fe+ i			Labo	vorking	FE)	F	acto	
War - M.Z.	USUA		IN NURSING HOME O	R OTHER INSTITUTION, GIV	E RESIDENCE	BEFORE ADMISSI	ON)							2.000	<u> </u>
AND 3	13a. S	TATE Va.	PASSE	mack	13° BT	OXOM		YES .	NO 🛣	13e STREET AD	DRESS	RFD	9	399	99
B 30000	PLE	ATHER'S NAME	The	mas Mat	+ 1	LAST		15. MOTHER	S MAIDEN	NAME	MIDDLE			LAST	
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MITTER STATE OF THE STATE OF TH		gove rise	if any, which	(b)				1					2.1		
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S CCI	153			(c)											
DIVISION OF VITAL RECORDS, 201 RETING THE WORD "PENDING". IN RED TO THE CHIEF MEDICAL EXA 25 SHOULD BE USED AS A BURIAL E DEPARTMENT OF HEALTH AND M OI PRIOR TO BURIAL, CREMATION.	7	PART 2 OTHER SIGN		ONTRIBUTING TO DEATH 8						1 (0	17/18/				
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TAL R HIEF USED OF HE RIAL,	\S_	19a DATE OF O	PERATION	196 CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFORM	ED?					20 AUTOP	SY?
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DIVIS HIS CER WRITIN WRITIN WR TO WE 33 WE 53	₹ W	WHILE AT WORK	NOT WHILE	STREET, FACTO	DRY, FARM, E	TCJ	5	TREET	- 1- 2 ··	Ва	RIOWN	nore	Cit	EYY.	M d STÂTE
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EXAMNER: CETIFICATE DIFFECTOR: IN DIFFECTOR: IN		22a certify	that I took charge	e at the remains desc	ribed abo	ive, held an	Autops	X X	Inspection	. Inqu	riry .	and in r	ту орн	iian	
WE HE HE		death resulted	from Nature	ol couses.	Accident	X Su	icide 🔲	, Homicid	de .	Undetermined	monner	.			
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EXECUTE PAGE	-	(TYPE OR PRINT		gory R. K				ADDRESS		1 Penn					
	73a.B	PECIFY)	ON, REMOVAL 23			NAME OF CEA		RCREMATOR	RΥ	23d. LOCATIO	N		COUNTY		STATE
07/84 BP/95	24 FI	Burj UNERAL DIRECTO		6-21-86	W.	harto:	n	Inc.	n DATE DE	Parks C'D. BY REGIS		PECISION	CCO	mack	, Va.
99 9 DHMH - 17/		NAME TO	9 01.	1. 16 ADDRESS		Ara.		10	11100	7 1130	1	REGISTRA			lo.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN L DECEASED NAME 26 HOUR TYPE OR PRINTI OF ESTI-86 Ophelia Matthews 19 10:35 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE MONTH DAY YEAR LAST BIRTHDAY) PRONOUNCED DEAD 23/1986 24 B 61 YRS To BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Arkansas U.S.A. WIDOWED & DIVORCED Baltimore City IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Baltimore Sinai Hospital Practical Nurse Nurse USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 21215 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13a STATE 136 COUNTY 13c. CITY OR TOWN Md Balto NO Virginia Avenue 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE FIRST Ethel James Doby Brown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO TT. INFORMANT ADDRESS 21215 430 52 2748 Cletia Jackson 3333 Virginia 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BE USED AS A BURIAL - TRANSIT PERMIT INT OF HEATH AND MENTAL HYGIENE, D BURIAL, CREMATION, OR REMOVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DIVISION OF VITAL YES NOXX EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BAUTIMORE, MARYLAND, 21201 PRIQR TO BUI 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 THE PLACE OF INJURY LATHOME. 21E LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a I certify that I took charge all the remains described above, held an Autapsy Inspection Natural causes IX death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 6/24/86 Assistant SIGNATURE __MEDICAL EXAMINER EXAMINER'S NAME Gregory R. Kauffman, M.D. lll Penn St. (TYPE OR PRINT) 23d LOCATION CITY OR TOWN Balto. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY STATE Burial 6/30/86 King Memorial Md. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** Chila Davidson Bandale Morton & Sons 1701 Laurens (VR A15 ME (5))

Practical Morne Turse Almino IV SEES nog in a James A. Morton & Sons 1791 Caurons

STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE KNOWNX MONTH ELESSARY, PLEANNERAL DIRECTOR.
FOR YOUR FILES.
WITHIN 72 HOURS
TOTAL STREET, TTYPE OR PRINTS ESTI-A. Matusiak JOHN DEATH MATED 19 6 19 86 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED :35 2 23 Male White 63 DE AD 1986 YRS 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mary Land U.S.A. WIDOWED [DIVORCED Baltimore City CATY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Refractories South Baltimore General Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE COUNTY Baltimore 13d. INSIDE CITY LIMITS? 334 Cresswell Road 21225 Maryland A.A. YES [NO K 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Matusiak MIDDLE Phillip Katherine Adamski 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO **ADDRESS** (YES, NO, OR UNKNOWN)
Yes Texas Matusiak 213-14-7542 Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 器 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE.
PAGE 4 SHOULD BE FORM
TO FUNERAL DIRECTOR P.
ATTER DEATH, WITH THE ST.
BALTIMORE, MARYLAND, 3. Autopsy X 220 I certify that I took charge of the remains described above, held an Inspection and in my opinion death resulted fram: Notural couses Homicide ___ Accident Undetermined manner TITLE (SPECIFY) ACTUAL MD Assistant 6-20-86 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD (TYPE OR PRINT) 230 BURIAL CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore 6/23/86 Buria] Cedar Hill Cemetery 07/84 750. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR George J. Gonce 4001 Mttchie Hgwy Balto Md **DHMH - 17** Tuna way doon - 13 (VR A15 ME (5))



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	24 FUNERAL DIRECTORS TOT LING FUNERAL F.S. TOTO P. A. 1250. DATE REC'D. BY REGISTRAR 250. REGISTRAR S SIGNATURE.
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BI		23a	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236. DATE 6/27/86	Md. Veterans		Owings M:	ills Ba	Ttimo	ore Md.
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME MONTH 2b. HOUR TYPE OR PRINT FRANK 6. AGE (IN YEARS LAST BIRTHDAY) 4. RACE 3. SEX 67 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Bulti-C KINYS live S.C WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY eaTox USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OB UNKNOWN) LIF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for to BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NOF NO [21n ACCIDENT WAS UNDERLYING 31b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL PW (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED ZII LOCATION THE PLACE OF INJURY 0 COUNTY EAT HOME STREET FACTORY, OFFICE FARM, ETC. T. CITY OF TOWN STATE CHEE NOT WHEE AT WORK 220.1 certify that (I) (this haspital) attended the deceased from sow the deceased of your and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (and not) sie 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN ORTANT 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY I SPECIEY) BP 24 FUNERAL DIRECTOR 250 DATE REC'D_BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Archa Drugdon- Man (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 2g. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) McCullough Marie 4 RACE 5. DATE OF BIRTH 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Nov. 12.1900 AR Female White 85 O. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland USA WIDOWED DIVORCED [Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Homemaker (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Baltimore Union Memorial Hospital ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY Baltimore 13d. INSIDE CITY LIMITS? 130 SIREET ADDRESS / ZIP CODE Rd. Maryland 21239 YES A 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME William T. Becker LAST Elizabeth Schoel 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 1425 Kitmore Rd. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 219-26-1580 Mae H. Cox Baltimore, Md. 21239 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) a PART I. DEATH WAS CAUSED BY ARRECT PCCENE IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19n DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION AT HOME STREET, FACTORY, OFFICE, FARM ETC) CITY OR TOWN COUNTY STATE NOT WHILE 22a. I certify that (1) (this haspital cottended the deceased from

above, (I) (we) (did) Idid not i view the bady ofter death. 22h SIGNATURE

DEGREE 20

and that in (my)

ATTENDING PHYSICIAN T

STAFF DIRECTOR PHYSICIAN Z

(our) pinion death accurred on the date and hour and from the causes stated

22c. DATE SIGNED

REG BARROW

June 17,1986 Moreland Memorial

UNION 23c NAME OF CEMETERY OR CREMATORY

MEMORIAL MOSO

Parkville, Balto. Co., Md.

"Burial 24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

ADDRESS 6500 York Rd Mitchell-Wiedefeld Home, Inc. Balto., Md. 21212

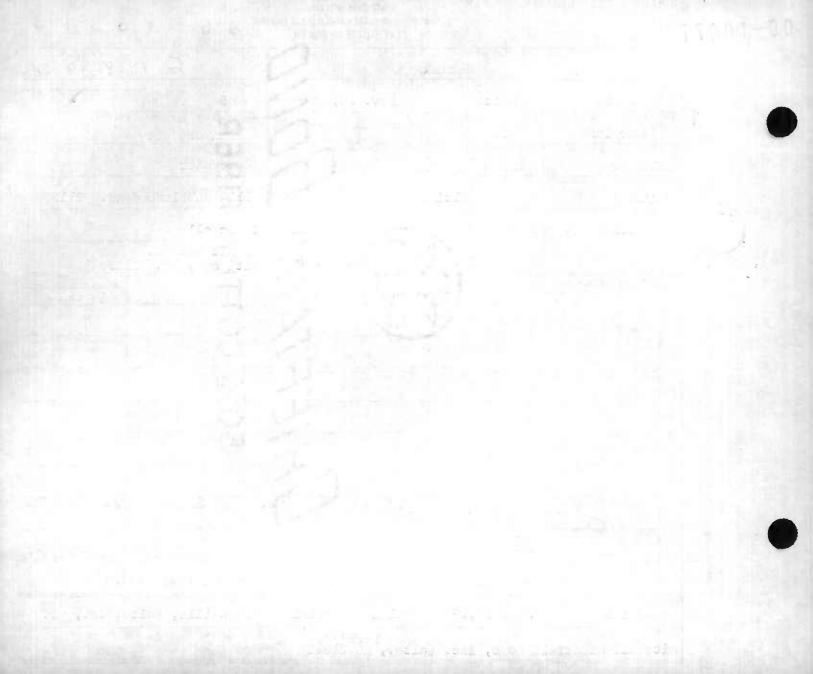
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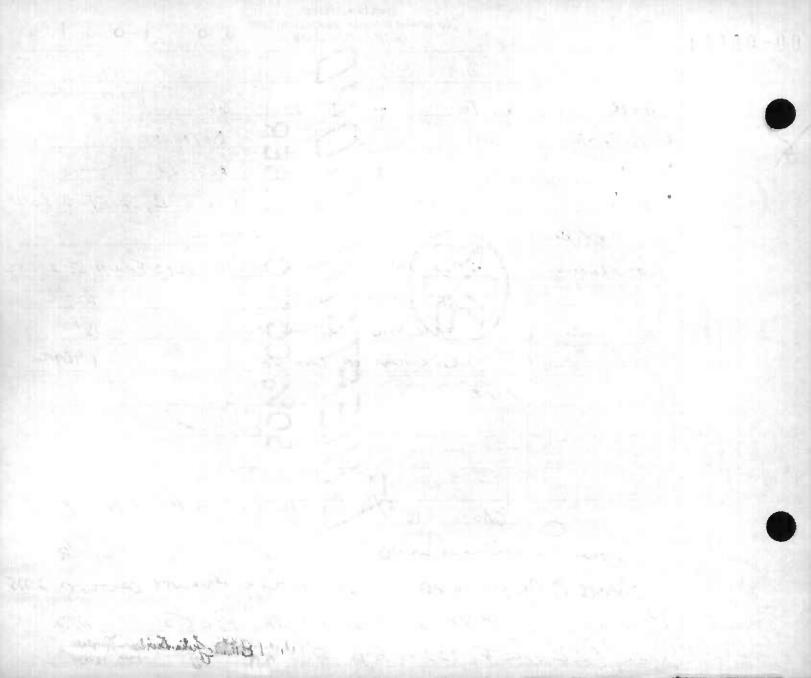
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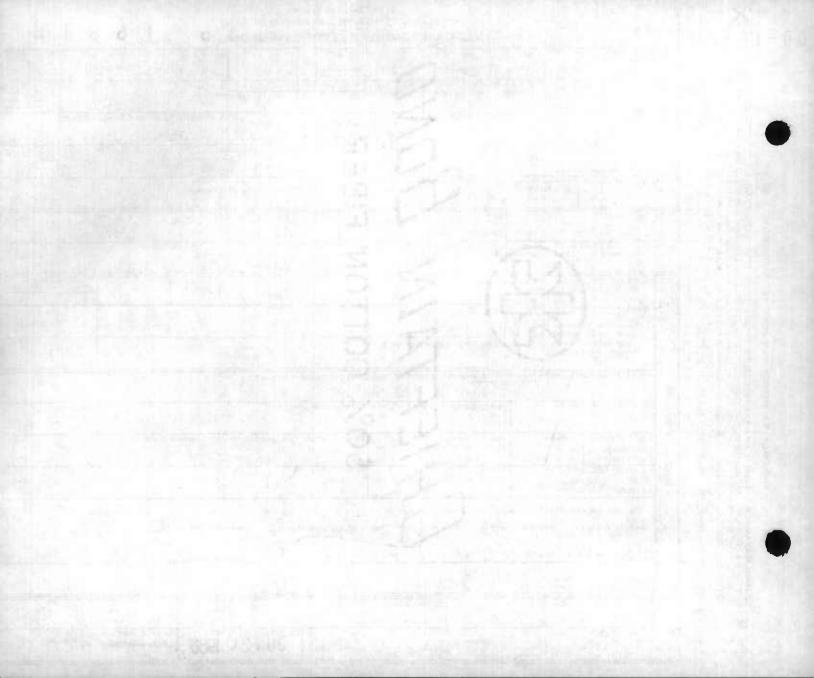
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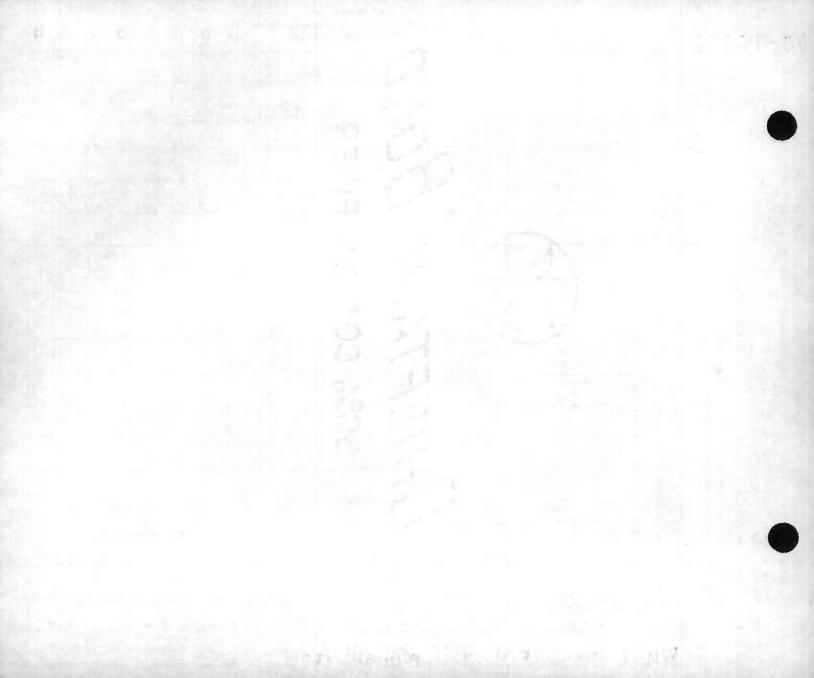


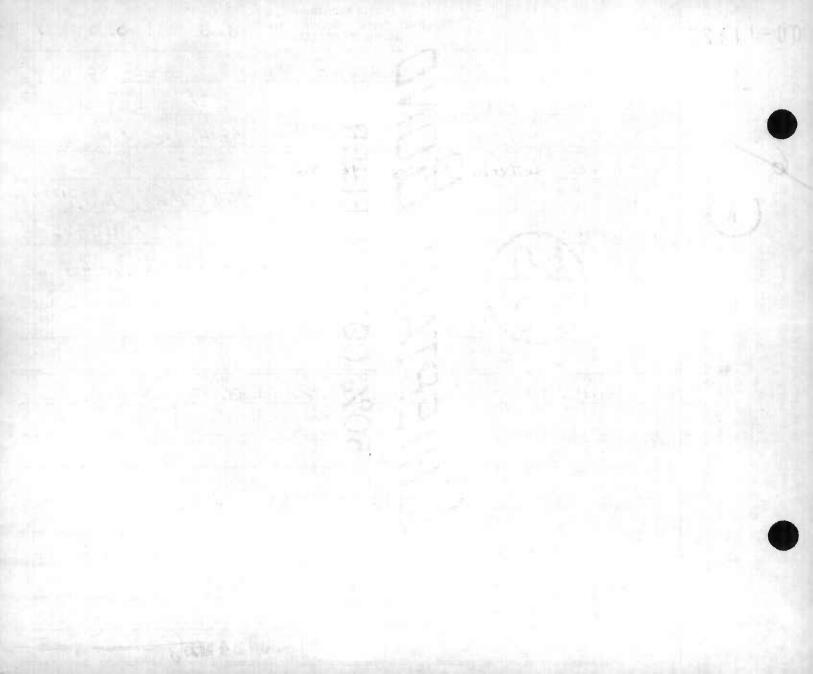
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20. DATE OF DEATH MONTH YEAR 2b. HOUR TYPE OR PRINTS de de 4 RACE F UNDER I YEAR 3. SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 89 To BIRTHPLACE 9 BALJIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF MARRIED NEVER MARRIED COUNTRY) WIDOWED TO DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR WORK FOR MOST OF WORKING LIFE! INDISTRY JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13g. STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 1206 more 010 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE 10 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Canditions, if ony, which gave rise to immediate cause (a), stating underlying cause O. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 0 CERTIFICAT 190 DATE OF OPERATION 206 IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? d IN CERTIFYING CAUSES OF DEATH? NOF YES | NO I ial-transit 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION marked ar puo CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an, and that in (my) (aur) apinian death accurred on the date and have and fram the causes stated above, (I) (we) (did) (did nat) view the bady after death DIRECT be detached te State Dept. 22h. SIGNATURE DEGREE 22¢ DATE SIGNE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS the the ŧ 0 230 BURIAL, CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION BP

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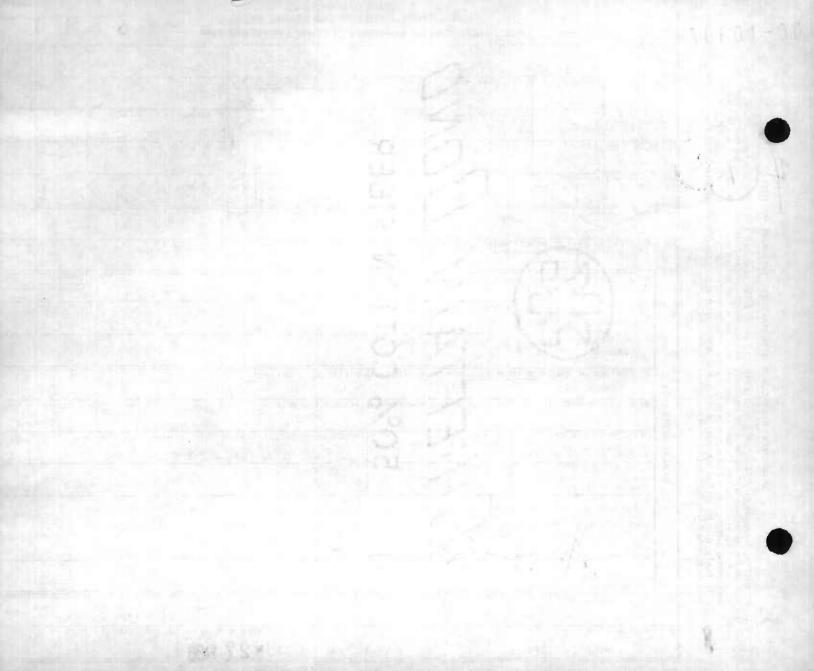
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24 FUNERAL DIRECTOR

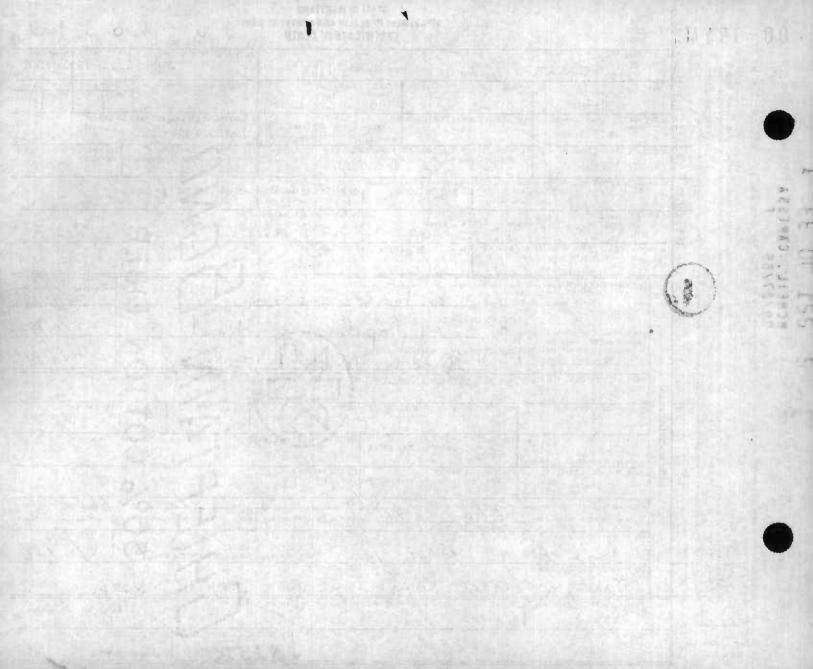




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22e I certify that I took charge of the remains described above, held an Autopsy X, Inspection Inquiry and in my apinion death resulted fram: Natural causes Accident Suicide, Homicide X, Undetermined manner, TITLE (SPECIFY) ACTUAL SCHAMINER'S NAME AND M. D. ASSISTANT MEDICAL EXAMINER SIGNED 6-25-86 EXAMINER'S NAME AND M. D. ADDRESS 111 Penn St., Balto., MD 21201 23e. BURIAL, CREMATION, REMOVAL 123b. DATE 23c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION CITYOR TOWN COUNTY SMITH	۵	HIS WR WAR AAE	-	AT WORK	AT WORK	<u> X</u>	bui	lding	7	511	7 Park	Heigh	nts Av	ле.,	Balto). C	ity		
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	S NECESSARY, PLEASE FUNERAL DIRECTOR. E. S. FOR YOUR FILES. D. WITHIN 72 HOURS. W. PRESTON STREET,	F	V	V	9/29/37	7		RS, MONTH	S DAYS	HOURS	MIN P	RONOUN			6/	3/	1986	2:35 A M
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۵	ER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR ATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. ORWAENED TO THE CHIEF MEDICAL EXAMINER ALONG WASHED SAROULD BE USED AS A BURIAL. TRANSIT PERMIT. ESTATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DU. 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	AT AT	WORK AT	WORK C	Y I	esider		16		dison	St.	Bal		Cit	y N	id.	1.53	STATE
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	CER CER	AC	TUAL		*//)			TITLE (S						DATE			
	SHE SHE	SIG	NATURE	- (0			M.	D. ASS	istan	MEDIC	CAL EXAM	AINER		SIGNED	6	5/3/8	36
•	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BATTIMORE, MARYLAND, 21201 P	EXA (TYF	AMINER'S NAMPE OR PRINT)	ME Gree	gory R. I	Kauffr	nan, M	.D.	ADDRESS	1	11 Pe	enn S	St.		Ale.		1	JUNE
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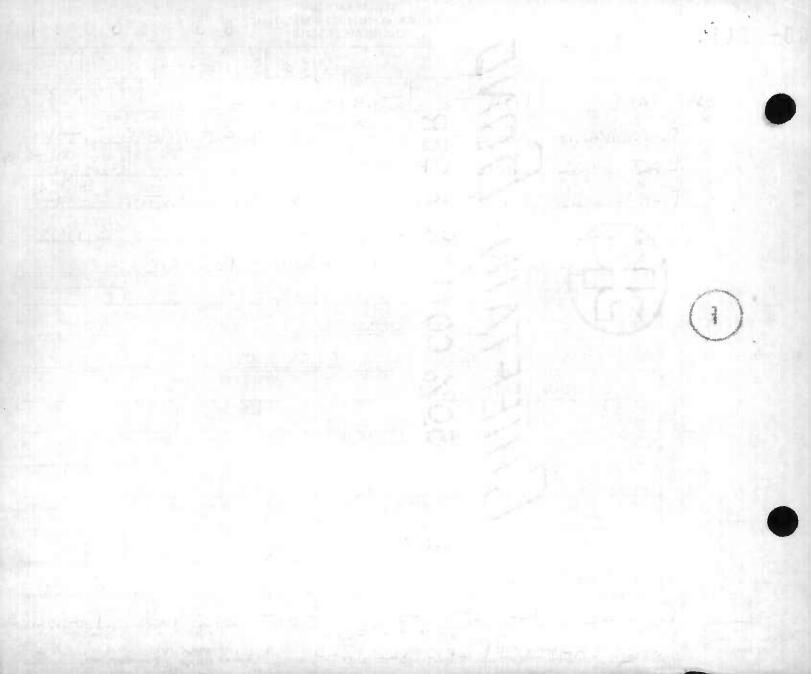
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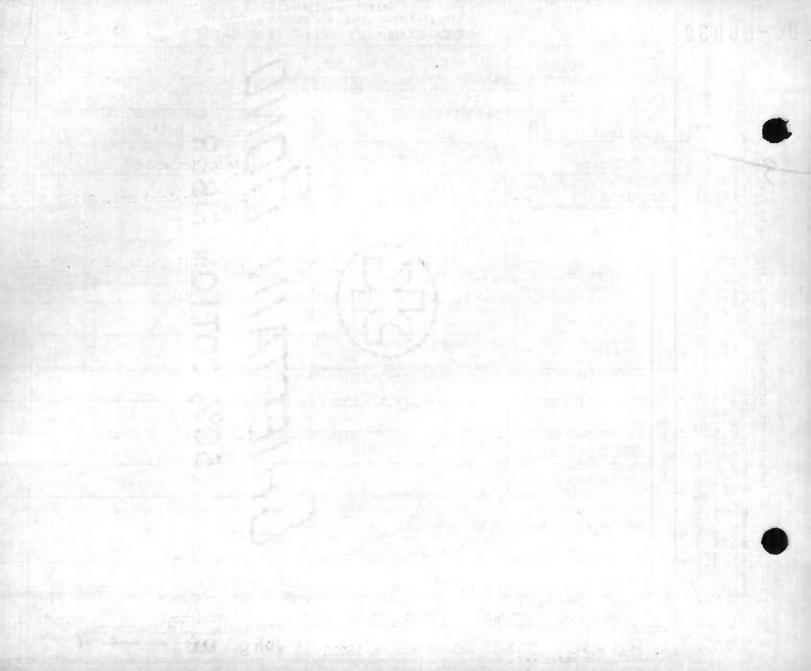
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Harry W. Janines and Co.

	1			STATE OF MARYLAND		
-09431	1	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	6821
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
4 80		ROBI	ERT L.	MEDURA, SR-	JUNE 6,1986	9:25pm
000	1.58	X	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN.
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2 10/2		RTHPLACE (STATE OR FOREIGN COUNTRY)	Th CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
12	15	DOSYLVADIA	U.S.A.	WIDOWED DIVORCED		RE CITY MD.
270	N.C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY
22	17	Shomitha	CHURCH 1	HOSPITAL		GERERAL
22	13a.	AL RESIDENCE (IF NURSING HOME OR I	OTHER INSTITUTION GIVE RESIDENCE BEF		13e STREET ADDRESS / ZIP COL	DE 21236
12	11.)	ARYLAND BAL	TIMORE PERRY	HALL YES NO X	36 COLLET	on LOURT
MA	17	ATHER'S NAME	AIDDLE AST	15 MOTHER'S MAIDEN N	AME	LAST
181	/	KAROL	1,1100	RA MAR	4	Bious
30		WAS DECEASED EVER IN U.S. ARA YES NO OR UNKNOWN)	WAR OR DATES)	CURITY NO. 17 INFORMANT	ADDRESS	
O.	2	1.01	N-11 11-818	2664 FAM	14 KECOROS	
15	13	PART I, DEATH WAS CAUSED			.c.m	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7			E CAUSE (a) CARD.	IOPULMONARY ARRE	ST	
		March Co.	DUE TO, OR AS A CONSEC	UENCE OF	C	
		Canditians, if any, which gave rise to immediate	(b) SCRO12	AL XECES ABSCES	0.5	
1		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECUTION	UENCE OF CADENOC	CARCINOMA)	
6		PART 2 OTHER SIGNIFICANT C	(6)	DEATH BUT NOT RELATED TO THE TER.		IVENTINI DADT 3
9 6	20			CROSIS BLADDER	MINAL DISEASE OR CONDITION O	IVEN IN PART TIO
10	E.	190 DATE OF OPERATION		CH OPERATION WAS PERFORMED		ES, WERE FINDINGS USED
1 1	CERTIFICATION					IFYING CAUSES OF DEATH?
1 8/G	S.	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
717	F. F.	OR CONTRIBUTING CAUSE OF DEAT	P.M.	19		
d	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
1	2	NOT WHILE AT WORK				
-		22a.1 certify that (1) (his haspit	attended the deceased from	APRIL 14 19 8	6 to JUNE 6,	. 1986, that (1) we last
74		saw the deceased alive an abave, (I (we) (did) did not	view the bady after death.	8 D and that in (my) (our) opinion	n death accurred on the date and ha	ui and fram the causes stated
4		226 SIGNATURE	nah- Deak	DEGREE	AAEDICAL STAFE	22c. DATE SIGNED
f 5			1 to the state of		MEDICAL STAFF DIRECTOR PHYSICIAN	6-6-86
184		SOMPALLI PH		22e ADDRESS CH	URCH HOSPITAL	CORP.
MPORT.). MD 21231
-1	230	BURIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY CO STATE
	15	URIAL	1P-10-148A	UARRISONTOR		
60M 7/84	5	UNERAL DIRECTOR	N = CO 880		ATE REC'D. BY REGISTRAR 25b. REGIS	
5, 4)	6	VHU2 CHHA	LLOFI IZMO	RISS KOAD !	JUN 13 JOOR AS	Kriedana Maylama

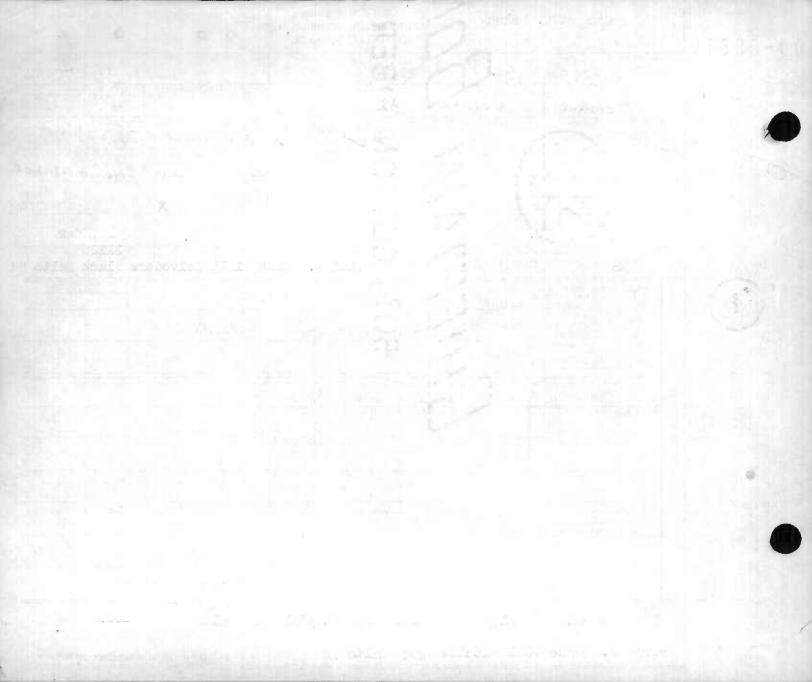


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00-	00039	- 2	REGISTRAR			WED		XAMIN	ER'S C	ERTIFIC	CATEC	F DEA	ATH	REG.	NO.	•	C 6		
			CEASED NAME	FIRST			MIDDLE			LAST			20. DATE	KNOWN ESTI-	XX M	ONTH	DAY	YEAR	Zb_HOUR
	3333 E	(111)	E OR PRINT)	JOSEPH			G.		ME	HL				ESTI-		6	5 19	86	
	A C H S H	3 SEX	1	RACE	Is. DATE O	F BIRTH	-	6 AGE (IN YEA	RS IF UN	DER TYR.	IF UNDER	24 HRS	2c DAT	F	MC	нтис	DAY	YEAR	2d HOU
	STICE PER PER PER PER PER PER PER PER PER PE		ale	White	05	DAY	YEAR	LAST BIRTHDA	Y) MONTE		HOURS	MIN	PRONOU	NCED			-	0.5	
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	RA WAR		RTHPLACE (STA	TE OR	7b. CITIZE	N OF WH.	AT COUN	TRY?	MARRI	ED NEV	VER MARR	IED 🗆	9 BALTIA	MORE CIT					PM
	NECESSARY, PIEASE FUNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS N. PRESTON STREET.		Maryland	l			USA		WIDOW	ED 🗆	DIVORC	ED X	1201	Balt	imo	re	City	7	ME
	10 44 8 77	10 CI	TY OR TOWN C	F DEATH	II. NAME	OF HOSP	ITAL, NUE	SING HOME	OR OTH	ER INSTITUT	TION	12a US	JAL OCCU	JPATION (TYPE OF V	WORK 12	L KIND	OF BU	SINESS
2	一个一个	1	Baltimo	re	Nor	h Ch	ar le	reet address) S Gener	cal F	Jospi t	al	FOR A11	HOST OF WO	echan	ic		ORIN	DUSTR	RY
-	35 × 9 7			F IN NURSING HOME						- TOOPIC		1 4		CTIGIT	10			_	
20	AND AND RETA HOULD B	13a. S	TATE	13b COLL		TOTION, CIVI	13c. CITY	OR TOWN		13d INSIDE CI	TY LIMITS?	13e STR	EET ADDR	ESS					
2120	* A M S M	Ma	aryland				Bal	timore	2	YES X	NO 🗌	230	1 Mai	cylan	d Ar	re.	2121	.8	
3	H. 12.	14 F/	THER'S NAME		MIDDLE	9-61%		AST		15. MOTHE	R'S MAIDI	NAME	1211	MIDDLE			LAST		
Ä,	ES	1	George	2	MIDDLE		Meh				ingun	da				M	olte		
Q	S S S S	16a. V	VAS DECEASED	EVER IN U.S. AR			16b. SOC	IAL SECURITY	NO.	TT. INFORM				ADDRI	ESS			,	
BALTIMORE, MD.	Fuergo /		es, no, or unknov ${ m IO}$	(IF YES, GIVI	E WAR OR DATES	.)	219_	01-450	13	Toso	nh A	Moh	1 27/	43 Gu	:1f	5 oc	7	27	210
× ×	B. GIV WITH DIVISI								, ,	0036	pii A.	Men	1 2/2	15 Gu	TITC	ora			
1	S. W. T. W.		18 CAUSE OF	DEATH (Enter of	C 01/								5.7				BETWEEN	N ONSET	AND DE ATH
2	24 HOI ITEM 1 LONG PERMI SIENE, VAL.	10		IMMEDIA	TE CAUSE (Arte	rios	clerot	ic ca	ardiov	ascu.	lar c	lisea	se					
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2	THII FER NNS NNS NEW REA			, it any, which		-1													
× .	NA N			ta immediate		TO, OR	AS A CON	SEQUENCE C	F	Par V	1				131			-	
201 W. PRESTON ST	RTIFICATE SHOULD BE EXECUTED WITHIN 24 PG THE WORD" PENDING" IN PENCIL IN ITEM 2 TO THE CHIEF MEDICAL EXAMINER ALON SHOULD BE USED AS A BURIAL - IRANSIT PER PARTMENT OF HEALTH AND MENTAL HYGIEF RIOR TO BURIAL, CREMATION, OR REMOVAL		lying caus	e last.							4.0								
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1	38200g	E	100														YES	XX	NO 🗆
DIVISION OF VITAL	ATE STATE ST	H	210 EXTERNAL	_		TIME OF		nav uell	21c. HC	OW INJURY	OCCURRE	D LENTER	NATURE OF I	NJURY IN ITEM	A 18 PART	I OR PART	2)		
2	A H L D & L	¥	UNDERLYING	☐ OR G ☐ CAUSE OF	DEATH		MONTH												
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ž		WE	WHILE -	NOT WHILE	S	TREET, FACTO	DRY, FARM, ET	C.)		TREET			CITY OR TO	NWC		COUN	łΤΥ		STATE
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1	E CERTIFICATE, DUITE BE FORVALLE DIRECTOR: H, WITH THE SI		death results	wan seen	ral cayees	VV/	Allident	1	cide N	Hamic			ermined m			,			
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	BATOPE	23a.B	URIAL, CREMAT	ON, REMOVAL	236 DATE		23c N	AME OF CEN	ETERY O	RCREMATO	ORY	23d. LC	ORTOWN			COUNTY	4	STA	ATE
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25M		24. FI	JNERAL DIRECT	OR				- 100			250 DATE	DEC'D BY			EGISTRA	AR'S SIC	NATUR	Za Mise	
	DHMH - 17 (VR A15 ME (5))	A	Alan C		381	8 RO	land	Avenue	212	11	JUI	DY	1996	AR 256 RI	a war	A RECON	Marie	- Comment	1
	(AV MIS WE (S))		Alan S	eitz, J	r,	110.	Lana	11v enue	212			3		u					75



STATE OF MARYLAND

Cad har Samuel Called the State of offender 70th Motelphole mercafor ... 1 ---

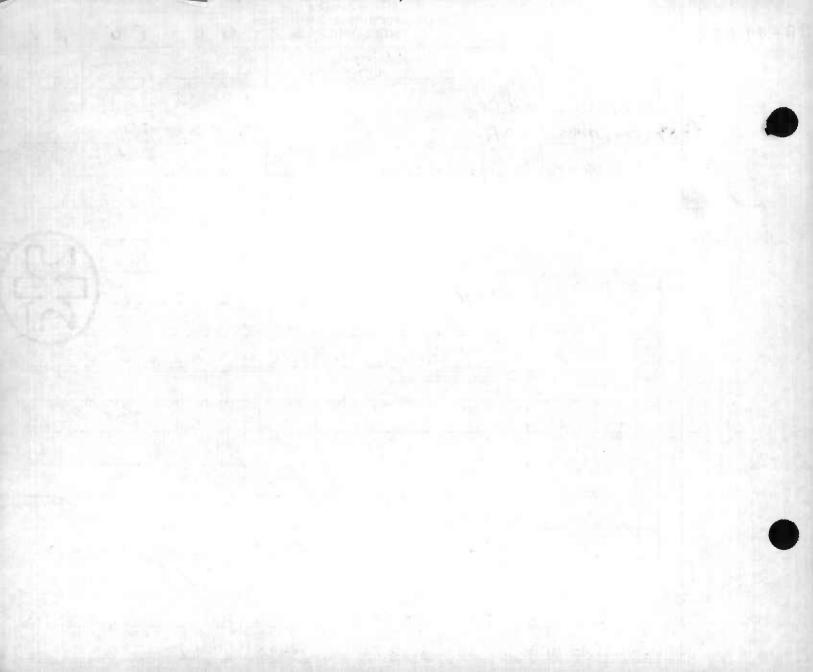


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-	HESER .	Zio	REIGN COUNTRY)					NIKY?	1	IED 🔲 NE		IED U	7. DALIIM	ORE CITY	OK COU	NIT OF	DEATH	
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	記事品品	H.C	TY OR TOWN OF	DEATH				JRSING HOM	E, OR OTH	IER INSTITU	TION	12a USU	AL OCCUP	PATION (TY	PE OF WOR	172 b. KI	ND OF BU R INDUST	
/ H	15477/C	1 B	altimore					ey St.				br	ickl	ayer		con	stri	ictio
(=	\$0398	USUA	AL RESIDENCE (IF	IN NURSING HOME O	R OTHER INS	TITUTION, GI	WE RESIDENC	E BEFORE ADMISS	ION)	1					16/6			
13	12 2 2 2 2 2 P	136.2	Md.	13b. COUN	IY		Ha Tt	imre		13d INSIDE C		140	ADDRE	ss Car	ev :	St.	2/0	222
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ORE	DEAT OF SELECT		larence					ntzer		M.	azie		Blan			Long		
- MI	B GIVE PAGE WITH FORM I PAGES 11/4 DIVISION OF	16a. V	VAS DECEASED E ES, NO, OR UNKNOWN	(IF YES, GIVE			27	-16-C	068		sen	oth i	MM	ock	Bali	ะวัทเพ	ma	Md.
4	ANTE DEST		Yes	W.	W.	II	217	-10-0	700	-	da erre	auti.	1161	OCA	Dar	D	109	riu •
1 3	D N L		18. CAUSE OF D	DEATH (Enter anl	ly one cou	se per line	for (a), (b), and (c).)								A DET	PPROXIMAT	INTERVAL T AND DEATH
W. PRESTON ST	IN 174 HOW IN ITEM IN		PARTIDEAT	H WAS CAUSED	D BY:	Art	erios	sclero	ic c	ardiov	ascul	lar d	iseas	ie.		OL I	WEET OILSE	I AND DEATH
0	A ALO	1		TANKE DIPA				NSEQUENCE										01001
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χ.	PED WITHI			ta immediate	<	(b)	ASACO	NSEQUENCE	OF				_			_		
201 /	EXAMELA PER		lying cause		1	JE 10, OK	A3 A CO.	1350051105	Or									
Š,	EXECUTED NG" IN PR CAL EXAM BURIAL A AND MEI WATION, C		DARY & GTUER CICHI	CICANT COMOVIOUS		(c)												
DIVISION OF VITAL RECORDS,		7	PART Z UTHER SIGNI	FICANT CONDITIONS	CONTRIBUTION	IG TO DEATH	BUT NOT REL	ATEO TO THE TER	MINAL DISEAS	E OR CONDITIO	N GIVEN IN PAI	RT 1 tol.						
ECC	A S A S A S A S A S A S A S A S A S A S	CERTIFICATION																
7	HIS CERTIFICATE SHOULD BE WRITING THE WORD "PEN ARABED TO THE CHIEF MA AGE 3 SHOULD BE USED A ATE OFFARMENT OF HEAR HISOI PRIOR TO BORIAL, CE	3	190. DATE OF O	PERATION	19	b. CONDI	TION FOR	WHICH OPE	RATION W	'AS PERFOR	MED?					20 /	AUTOPSY	?
È	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX																YES 🗆	NOX
J.	HAH BANG	W W	210 EXTERNAL			L TIME OF		DAY YEA	21c. H	OW INJURY	OCCURRE	D LENTER N.	ATURE OF INJ	URY IN ITEM TE	B PART 1 OR	PART 2)		
N	SECON		UNDERLYING CONTRIBUTING	OR CAUSE OF D		P.M		19	*									
ISIO	CERTIFICATE TING THE W SED TO THE 3 SHOULD F DEPARTMEN PRIOR TO E	MEDICAL	214 INJURY OC		21	e PLACE	OF INJURY	(AT HOME.		CATION								
20	WRITING WARDE PAGE 3	¥	WHILE AT WORK	NOT WHILE		STREET, FACT	TORY, FARM, E	ETC.)	5	TREET			CITY OR FOV	VN .	C	OUNTY		STATE
	E, WA		AIWORK	AT WORK								FFE						
	SE S		22a. I certify t	that I took charge	e of the re	empins des	cribed abo	ove, held an	Autop	sy 🔲 ,	Inspection	_ X	Inquiry	□, ∘	nd in my	apinian		
	ME HE		death resulted	framA Natur	al causes	<u>X</u> ,	Accident	, s	ncide	, Hemic	ide .	Undeter	rmined mo	nner .				
	DIE F	100	Value of	/\	-	-				TITLE (S	PECIFY)							
	THOUSE T		ACTUAL SIGNATURE	MM	4	N	~	_		D Assi	istant	MEDIC	AI FXAM	INFR	DATE		-20-	86
	SE SE SE	/		1.	0	1					11.		ort Emrin		3101			
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 2		(TYPE OR PRINT)	Ann I	M. Di	ixon,	M.D.			ADDRESS_	111 F	Penn :	St.,	Balto). , N	ID 2	21201	
	PATO PA	23a. B	URIAL, CREMATIC	N. REMOVAL 7	3b DATE		23:					23d. LOC						
07 (D :		(5	Burial	Ji	ine2	2,19	86 1	Joeus	va	FEREMATO	Bibl	CITYO	RTOWN	etown	Tro	YTAU	MA ST	ATE
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					STATI	OF MARYLAND					
0-09486	1-	FOR STATE REGISTRAR		DEI		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	6 REG. NO	1 6	3	26
		CEASED NAME	FIRST	MIDDLE		NST	2a. DATE OF	DEATH	MONTH DAY		26 HOUR
nay be page 3			DAVID		1	127TS			6 13	86	IUAM
	3 SEX	(4. RACE	5. DATE C	F BIRTH DAY YEAR	6 AGE (INY	EARS LAST BIRTI	HDAY) IF U	HS DAYS	HOURS MIN.
ge 4	1	(1)		D	3	27 26	60		YRS.	7	
Po dir		RTHPLACE (STAT	E OR FOREIGN	76 CITIZEN OF WHAT COU	TRY? 8.	NEVER MARRIED			COUNTY OF	DEATH	
Gooth 72		N.	C	USA	WIDOWE	D DIVORCED	PAR	rimore			MD.
and the state of t	10. CI	TY OR TOWN OF	DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE		ROTHER INSTITUTION	120 USUAL			26. KIND OF NDUSTRY	BUSINESS OR
21201 d in by ibe fileon	1) ALT I MORE		LOCA. RAUS		tom, Itosp,	DI	sables	0	5	
NN 24		AL RESIDENCE IN	13b COUN	ITY I I I CITY OI	TOWN .	13d. INSIDE CITY LIMITS? YES X NO	13e.STREET /		ZIP CODE	000	Ave
RYLA within etely 3.2 sh	14. FA	THER'S NAME		MIDDLE LA	iT , ,	15 MOTHER'S MAIDEN N	AME	WIDOIE		LAST	
thed w	1	ohn		H. Me	HS	LISSI e				She	11
BALTIMORE, cote be execu- ys;cion and di apers. Poges, val.		VAS DECEASED E VES, NO OR UNKNOWN		MED FORCES? 166 SOCIAL 243-	24-9259	Rufus Me	# 32	ADDRES	nglesie	le	Avenue
BALT cote to ppers vol.		18 CAUSE OF D	EATH (Enter on	ly ane cause per line far (a), D BY:	bi, and ici.i	E TEMPERATURE	MUR 3			APPROXIM BETWEEN O	NATE INTERVAL
· + dog e		PARTI. DEAT		TE CAUSE (a) CARD	OPULMON	ARY ARREST				MIN	ures
PRESTON ST he death cert he ottending is emove corbon mation, or ren		98305.0		DUE TO, OR AS A CON				500			
RESI e dec nove ration		Canditians, if		(b) SQU	tmous a	LELL CA OF	f LUNI	>		Wor	U7143
W. P		couse (a), s underlying co		DUE TO, OR AS A CON	SEOUENCE OF						
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apuire quire sign hen to bu	N N		emetem		BOCYTOPE		MINAL DISEAS	. OR COIVE	JINON GIVEN	IN PART 110	
ECOR been mit. I prior	¥	19a DATE OF OP	0	19b. CONDITION FOR V			200 AUTO	PSY?	20b. IF YES, W	ERE FINDIN	GS USED
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir on thending physicion. Ifter this certificate has been signost the burnal-tronsit permit. Then th and Mental Hygiene prior to b acked or frem 18 shows any injury	CERTIFICATION			PERSONAL PROPERTY.			YES 🗍	поП	IN CERTIFYIN	G CAUSES (OF DEATH?
VITA VITA Nysicie Icote ronsit Hygin	E	21a. ACCIDENT WA		THOUSE A ALL MONEY	H DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NA	TURE OF INJUR	Y IN ITEM 18 PART I	ORPART ?)	
SICIA 19 ph certifi rial-tr	14	OR CONTRIBUTING	MEDICAL EXAMINER		H DAY YEAR						
PHYS ending this c	MEDICAL	21d. INJURY OC		21e PLACE OF INJURY	SEICE FARM FTC)	21f LOCATION STREET	Himsol.	CITY OR TOW	vN	COUNTY	STATE
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ENDIR roll or ruse of Health				tal) attended the deceased	- 1	19 86	, 10	6[13			hat (I) (we) last
Spirit of 1 to a final		above/(I)(w		t) view the body after death.		d that in (my) (aur) apiniai	n death occurre	d an the da	te and hour an		
OR DORE		226 SIGNATURE	OD	12 0 00		DEGREE ATTENDING	MEDICAL	STAF	F \	22c DATE S	1
PITAL by the ERAL e dete		22d PHYSICIÁN	NAME ITYPE O	year, III	U,	PHYSICIAN 22e. ADDRESS		PHYSICI	IAN	6/13	3/86
O HOSPITAL TO FUNERAL should be det with the Store				J. 9		LOCH RAVE	Mer	Ann	1405P.		
M.retoric	220 5		HEN P	1225 DATE	122 NAME OF C		23d LOCA		1 1001		
ВР	230.	BURIAL, CREMATI	ial	6/17/86	Garrison	Forest Vet	TWO	19500	MÍÌ	DUNTY	MD
		UNERAL DIRECTO		519		25a DA	ATE REC Q. BY R	EGISTRAR			
DHMH 16 60M 7/B4 (VRA 15, 4)	M	arch Fun	eral Ho	me West 4300°	Wabash A	venue	UN 16	1986	The State of Alles	Salaria	

			STATE OF MARYLAND
10-10000	1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
10920	1.05	REGISTRAR	CERTIFICATE OF DEATH REG. NO. 1 0 3 2 1 MIDDLE 1 ASS. LASS.
e ω €		CEASED NAME FIRST	W: 111
poge r deot	3. SE	LOUIS	Pauline Jackton 6 24 86 10:30444 RACE S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
ofte.	3 31	- anal-	MONTH DAY YEAR MONTHS DAYS HOURS MIN.
direc	In Bi	RIHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR COUNTY OF DEATH
1 2 5 5 St	5	OUNTRY MASS.	MARRIED NEVER MARRIED 1 CALL
	10. C	Y OR TOWN OF DEATH	I AME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR
B 10 10	1	SOHimned	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 900 COLON AS (TYPE OF WORK FOR MOST OF WORKING LIFE) THOUSTRY HAMMAGEN
25 () 37 25 2	050	IL RESIDENCE OF HOMOGRAPH OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
2	1	9d. Bo	136 CITY OR TOWN 138 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 130 INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE 131 CITY OR TOWN 138 INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE
A 1 1 1	14 FA	THER'S NAME	15 MOTHER'S MAIDEN NAME
MAM S S S S S S S S S S S S S S S S S S	C	ornelieus E. Co	nnors Augustine Tecci MIDDLE LAST
ORE,		/AS DECEASED EVER IN U.S. AR	E WAD OR PLATES
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within a factor of the death certificate be executed within a factor. We have buriol-transit permit. Then please remove carbompapers. Pages and 2 mounting the ond Memol Hygiene prior to buriol, cremation, or removal. In and Memol Bygiene prior to buriol, cremation, or removal. Orded or Hem. 18 shows only injury, or other traumatic event, the medical examination or the medical examination of the medical examination.		No	EWAR OR DATES) 003 142 692 Edward H Middleton 217 Edridge Way Catonsvil
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ST., g ph on premo			(E CAUSE 10) He show Stock 48ths
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W.P		couse (o), stoting the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF Metas Faty Small cell here Corcinon / YA
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quire quire fhen to bu	Z	TAKT 2. OTTEK SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTRIBE OR CONDITION GIVEN IN PART 1/8
Sony and a sony of the sony of	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
he lo on. hos r per ene	TIFIC		IN CERTIFYING CAUSES OF DEATH?
N. T. Wysical	CER	210. ACCIDENT WAS UNDERLYING	LIGHT AND MONTH BUY VELD
SiClA planting planti	CAL	OR CONTRIBUTING CAUSE OF DEA	
PHYSICIA PHY	MEDICAL	214 INJURY OCCURRED	216 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY STATE
orke orke	~	AT WORK NOT WHILE	
NR A USE Heal			tol) ottended the deceosed from 19 86, to 6/39, 19 86, thor (1) we) lost
R ATTE hospital RECTC hed for ten 21		above, (I)	t) view the bady after death.
- 0 0 0 0 d	M	22b. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF 222 DATE SIGNED
ERAL e det Stote		22d. PHYSICIAN'S NAME (SYPEC	PHYSICIAN DIRECTOR PHYSICIAN D
O HOSPITAL eforined by the TO FUNERAL should be det with the Store		11 21	1. Cill and Circles of the state of the stat
M Shoot Shoot	23a B	URIAL CREMATION, REMOVAL	
BP		Cremation	June 30'86 Westview Memorial Park Catonsville Balto., Maryland
	24 FU		H Witzko & Family Funeral Home 750 DATE RECD. BY REGISTRAR'S STONATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	In	c. 4112 Old Col	Lumbia Pike ellicott City
2012			



tar, page 3 after death

STATE OF MARYLAND	1	
MENT OF HEALTH AND MENTAL	HYGIENE	W
CERTIFICATE OF DEATH		O

	1-	FOR STATE REGISTRAR	DEPAR	CERTIF	ICATE OF DEATH	B 6 REG. NO	163	2 8
		CEASED NAME FIRST Bron	ndt Abtil		Miller		1986	9:55 P.
	3 SEX	Male	4 RACE White	5. DATE C	DE BIRTH 103	6 AGE (IN YEARS LAST BIRTI	YRS DA	TS HOURS MIN.
Q	C	RTHPLACE (STATE OR FOREIGN PARY)	U.S.A.	MARRIE WIDOWE	D NEVER MARRIED DIVORCED D	Baltimo	re (ity	MD.
0	10. CI	Baltimore	11. NAME OF HOSPITAL, NURS			126 USUAL OCCUPATION (TYPEOF WORK FOR MOST OF	WORKING LIFE) 12b. KIN INDUST	of Business or Bank
5	130 S	TATE 13b COUL	ROTHER INSTITUTION GIVE RESIDENCE BEF		13d INSIDE CITY LIMITS? YES Z NO	3306 Fost	ZIP CODE Ler Avenue	21224
	14 FA	THER'S NAME Abtil	Mille Mille	r	Bertha	WE	Bra	ridt
1	160 W	VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SE VE WAR OR DATES) 218-09	-2151	Marie E. Mi	Uer 3306 Fo		ve 21224
		Canditions, if any, which gove rise to immediate cause (o), stating the underlying couse lost	DUE TO, OR AS A CONSECTION OF THE CAUSE OF THE CONSECTION OF THE C	OUENCE OF	it frans			
7	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T			20m AUTOPSY?	206. IF YES, WERE FIN	NDINGS USED ISES OF DEATH?
7	MEDICAL CERTI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIF EITHER NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJUR		Shall
	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICe	n ed	street 1978 , 1978 and that in (my) (awr) apinian	death accurred on the de	5 19.86	_, that (l) (see) last
		above, (1) (ve) (44) (did no	Farulo	m	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	22c. D	127/86
		SUSEMY &	. 21 BERTO,	41.0.	3508 BARN	9tB	sellens, 4	md 2721
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	6-30-86 23	acred	Heart of Texas	Dundalk	Balto Contr	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

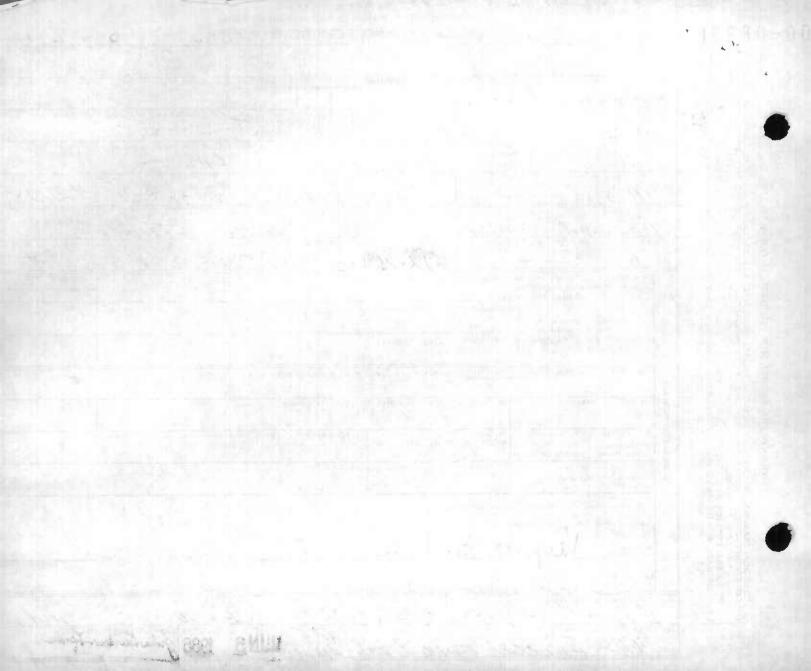
HOXI NI: If Item 21 is marked or Item 18 shaws any injury, or other troumotic event, th while deteched for use as the buriol-transit permit. Then please remove corban page in the Brate Dept. of Health and Mental Hygiene prior to buriol, cremation, or remaval

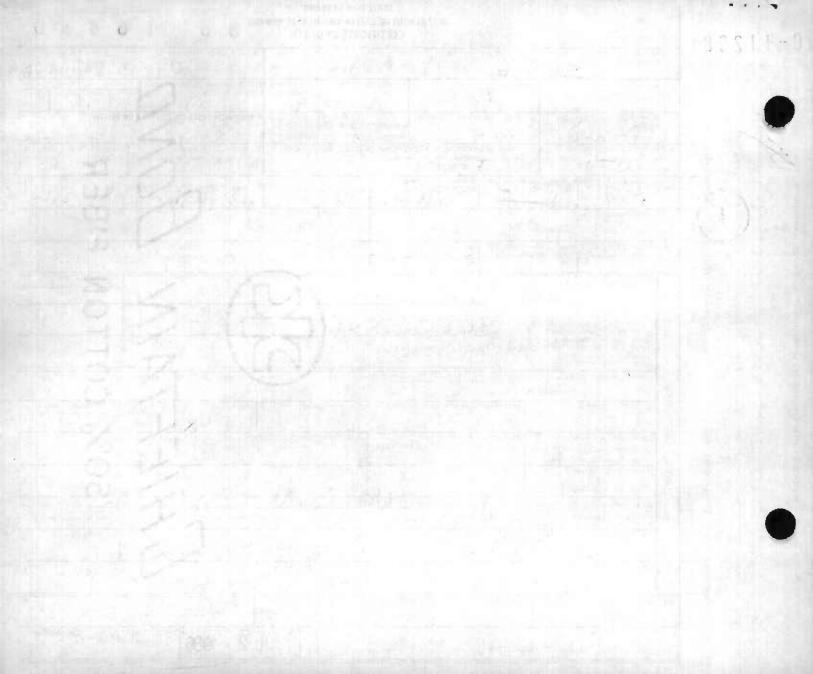
> 24 FUNERAL DIRECTOR harles S. Zeiler & Son Inc. 901 S. Conkling St.

750 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

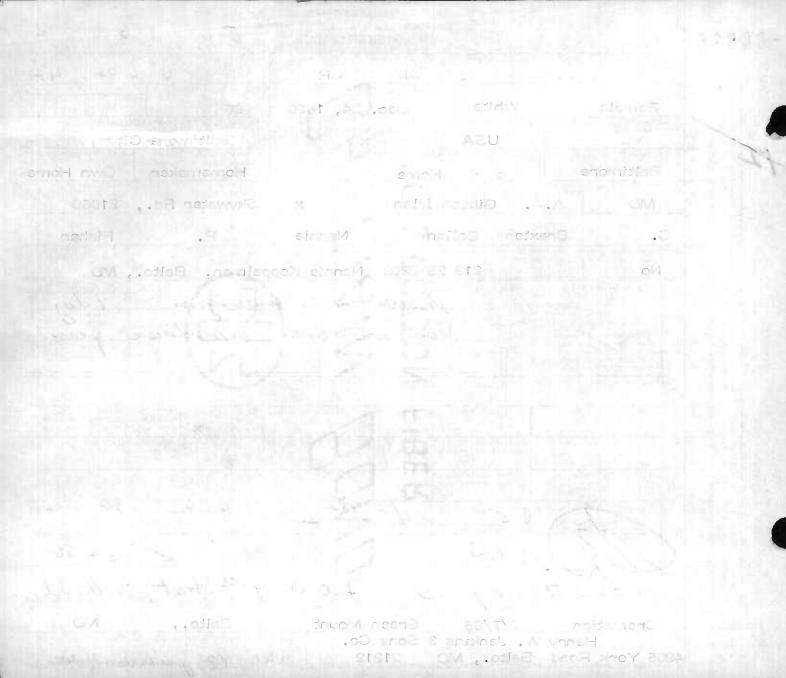
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7	Jun	1	FOR May	1 21186/ 14	EPARTMENT		MARYLANI	D NTAL HYGIEI	Ne M			
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000	0,000	1. DE	CEASED NAME FIRST	MED	MIDDLE	WIIIVER 3	LAST	ATE OF DE	20. DATE KNOW	G. ND. O	DAY YEAR	Zb. HOUR
	W .:	(TY	PE OR PRINT)						OF EST DEATH MATE			ZII. HOUR
4	RECTOR THES THOURS	3 SE	X I4. RACE DARR	S. DATE OF BIRTH	6 AGI	MTT.T	ER UNDER 1 YR. III	F UNDER 24 HRS.		6-1-8	19 YEAR	M 2d HOUR
1	ST ST	12	male Wess.	MONTH DAY	YEAR LAST	BIRTHDAY) MO		HOURS MIN.	PRONOUNCED		00	
	V DUR V DUN V 72	70 B	IRTHPLACE (STATE OR	6 - 17.		O YRS.			DEAD	6-1-8	17	8:4351
	Salar	FC	OREIGN COUNTRY)	7,5	A		and the same of th	ER MARRIED		ore City		
	7200	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSP	ITAL NURSING		THER INSTITUTE	ON 1120 US	SUAL OCCUPATIO	-		MD.
	AY IS PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	1	2.2.	(IF NOT IN SUCH FACE	LITY, GIVE STREET ADI	ORESS)		FOR	MOST OF WORKING LI	E)	OR INDUST	RY
		USU	Baltimore ALRESIDENCE (IF IN NURSING HOME OF	Johns Ho	PRESIDENCE BEFORE	lospita DMISSIONI	1		-1,001	7	2-	
MD. 21201	AND 3 TO SHOULD BY SHOULD	13a S	TATE 136. COUNT	TY	13c. CITY OR TO	WN NW	13d. INSIDE CITY	NO 13e. STI	REET ADDRESS	Th 5#	#21	815
8	T N 5	14. F.	ATHER'S NAME	MIDDLE	LAST		15 MOTHER	S MAIDEN NAM	E MIDDLE		LAST	
er.	1 2 2 2 2 2 C	1	BERNARd	miller			1	TAPLEN	2 7	Tomer		
IMO	SE ON		WAS DECEASED EVER IN U.S. ARM 'ES, NO, ORUNKNOWN) (IF YES, GIVE V		166 SOCIAL SE	CURITY NO.	17 INFORMA	ANT	ADI	DRESS	77	
BALTIMORE	JRS AFIER DEAD 8. GIVE PAGES + WITH FORM PA T. PAGES 1. AND DIVISION ONLY		NO	_	2/2-	76-61	23 MA	Ry TO	omero	1100	200	3/
			18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	y one couse per line fo	or (a), (b), and (a).)		/			APPROXIMAT BETWEEN ONSE	INTERVAL T AND DE ATH
W. PRESTON ST	24 HOU ITEM 1 IONG IONG PERMI SIENE,	49.0		E CAUSE (o) H			Cardio	omyopat	hy			
EST	IN 24 IN ITE IN	150	Conditions, if ony, which	DUE TO, OR A	S A CONSEQUE	NCE OF					100	
<u>o</u>	ED WITHIN PENCIL IN AMINER I L-TRANSI AENTAL H I, OR REM		gave rise to immediate	(b)								
	- m > - 40		lying cause lost.	DUE TO, OR A	S A CONSEQUE	NCE OF						
5, 2	ECUTED SY IN P NI EXA URIAL- IND ME		BART 2 OTHER CICHIFICANT COMPANIONS	(c)								
DIVISION OF VITAL RECORDS, 201	ULD BE EXECUTED "PENDING" IN P FF MEDICAL EXA ED AS A BURIAL- HEALTH AND ME AL, CREMATION,	NO	PART 2 OTHER SIGNIFICANT CONDITIONS C	ONIKIBUTING TO OLATH BU	I NOT RELATED TO TO	IE TERMINAL DISE	ASE OR CONDITION G	GIVEN IN PART 1 (a)				
2	HOULD HIEF A USED OF HE	CERTIFICATION	19a DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATION	WAS PERFORM	ED?			20 AUTOPSY	,
VII	NOUMP J L	I E									YES X	NO 🗌
9	TOWN THE WAR		UNDERLYING OR	HOUR A.M.	NJURY MONTH DAY	YEAR 21c.	HOW INJURY O	CCURRED (ENTER	NATURE OF INJURY IN I	TEM 18 PART 1 OR PART	[2]	
O N		CAI	CONTRIBUTING CAUSE OF D	EATH P.M.		9						
İVIS	RETING RETING REDED GE 3 SE TE DEPA	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF STREET, FACTOR	INJURY (AT HORY, FARM, ETC.))ME, 21f. L	OCATION STREET		CITY OR TOWN	COU	VIV	STATE
۵	THIS C WARDI WARDI PAGE : TATE D 21201	-	AT WORK AT WORK									31711
. (4	1	22a I certify that I took charge	of the remains descr	bed abave, held	on Auto	npsy X	Inspection .	Inquiry .	ond in my opi	nion	-73.1
1	EXAMINER CERTIFICAT ULD BE FOR DIRECTOR WARYLAND	1	death resulted from: Noture	ol causes (), A	ccident .	Suicide	. Hamicid	e Unde	termined manner			
	SHOULD SH	1	Mous	- A	· CV	40	TITLE (SPE	CIFY)				
	SHA SHA		SIGNATURE YOUR	ne un	5 su	<u>u</u>	M.D.Assis	tantMED	CAL EXAMINER	DATE	6-2-06	
	NO SEE		EXAMINER'S NAME								0 2 00	
	TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO		(TYPE OR PRINT)Ma:	rgarita A.	Korell	7	_ADDRESS	111 Pen				
I KE K	-mara@	23a.B	URIAL, CREMATION, REMOVAL	DATE	23c. NAME C	F CEMETERY	OR CREMATOR		ORTOWN	COUNT	Y ST	ATE /
07/84 25M	BP/19	7A E	JNERAL DIRECTOR	7/86	CRS	18.64	Cen	7. E	ACTU.	NI CONTRACTOR OF THE PARTY OF T	m	de
	DHMH - 17	29, 1	JAME TO THE COR	ADDRESS		1/	125/150	DATE REC'D. BY	REGISTRAR IIII	HEGISTRAR'S SK	SNATURE	-
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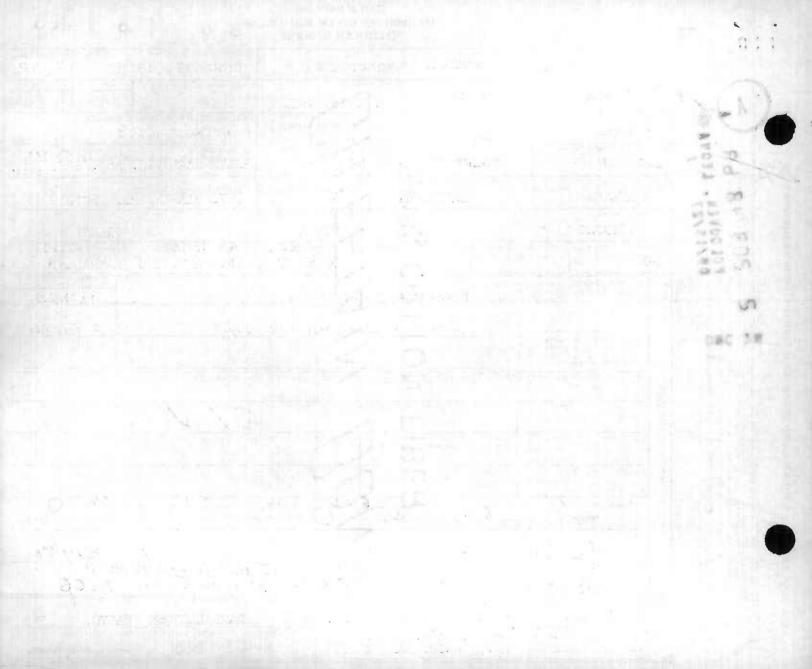




Homen was Carn Home intipeo H finia Hannish e deine H Sivi . Y Nors Common. Weilart, Common. Chart ston (1 's seen hun's St'e., Henry '. Jamine & Sons Ch. ASUB York Road Ealto., woll 21212 Land Mun Mary



-11073	1-	FOR STATE REGISTRAR		DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENE	6 REG. NO.	6 8	3 3
4 21		CEASED NAME FIRST LEONA	20 4 2	RBARA		OOVEN		NE 27,		1:00P
Cald	100	FEMALE	4. RACE WHIT	ГЕ	5. DATE C	. 15, 1927		(IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
	7a. BI	RTHPLACE (STATE OR FOREIGN COUNTRY) NEW YORK	76 CITIZEN OF WI	HAT COUNTRY	/2 8.	NEVER MARRIED	9 BALTI	MORE CITY OR CO		MD.
a b	Sec. 1	TY OR TOWN OF DEATH BALTIMORE				ROTHER INSTITUTION		TH CARE F	IN. ADM. /S	SOCTAL RESERVED ADM.
No 22	USU.	AL RESIDENCE (IF NURSING HOME OF TATE MARYLAND		VE RESIDENCE BEFO BALTIMO		13d. INSIDE CITY LIMIT	130 STRE	et_address/zip 73 BLANCHI	CODE E RD. #21	215
	14. FA	THER'S NAME ISIDORE	WIDDIE	LAST	EB	VIOLA VIOLA	NAME	MIDDLE	GRANAT	Ţ
200 S	160 V	VAS DECEASED EVER IN U.S. AF S. NO GRUNKNOWN) (IF YES, GI	RMED FORCES? 16 VE WAR OR DATES)	66 SOCIAL SEC	CURITY NO.	3801 SCHNA				21133 LSTOWN,M
W. PRESTON ST., BALTIMORE, MARYL of th Gooth conflictive for executed with the Western or proper (POR). 1994 7- is yes glished or emotion		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA Conditions, if any, which gave rise to immediate cause to), stating the underlying cause lost.	DUE TO, OR A	AS A CONSEQ	UENCE OF	SUFFICIENCY	rcinon	<i>A</i> .	18	MARE INTERVAL DANSET AND DEATH ARS
AL RECORDS, 201 The low-requires the low requires the low been signed to permit them please the permit them please to be and the low relety, as a few and the low relety as a few and the low re	THICATION	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE		UTOPSY? 20b.	IF YES, WERE FINDINGERTIFY ING CAUSES YES	NGS USED
DIVISION OF VITAL RECORDS, NO PHYSICIAN: The low-requir offer this certificate has been sign as the bosophytomic permit. Ther this one Merval Hygiene poor to be anked as them 18 shows dry mistry	MEDICAL CERT	216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED AT WORK	ATH HOUR A.M. RI P.M. 21s PLACE OF	нтиом	19	211 LOCATION STREET	CCURRED (ENTI	R NATURE OF INJURY IN ITI	EM 18 PART 1 OR PART 2} COUNTY	STATE
A ATTENDIN haspital or RECTOR, at hed for use a sept of Health hem 21 is may		220. I certify that (I) (this hasp saw the deceased alive ar above (II) we (did) (did no 22b. SIGNATURE	6/2/	10	86,01	d that ir (my) (aur) api	to, to	5/07 urred on the date on	nd have and from the	
HOSPITAL OF THE BALL OF THE BALL OF ONLY THE BALL OF ONLY THE BALL OF ONLY THE BALL OF PORTANT, IT IS SHOWN OF THE BALL OF T		720 PHYSICIAN'S NAME (TYPE)	D. VOSS			ATTENDIN PHYSICIA 22e ADDRESS	JOHN	S HOPKIN		7/86
2		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	236 DATE 6-30-8	36 B	ETH EL	EMETERY OR CREMATO MEM. PARK	ORY 23d L	OCATION CITY OR TOWN NDALLSTOWN	COUNTY	STATE MD
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FI	UNERAL DIRECTOR SOL L	EVINSON &	BROS.	INC	250			EGISTRAR'S SIGNAT	URE

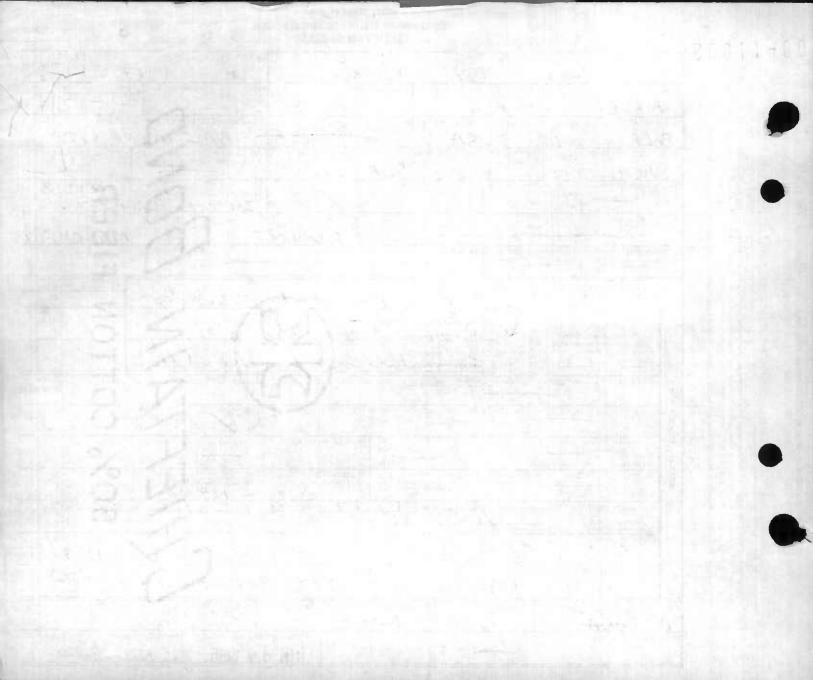


	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH									
-09122		REGISTRAR		CERTIFICATE OF DEATH				166	3 4	
00122		ASED NAME FIRST		MIDDLE	l.	AST	20 DATE OF DEATH	ONTH DAY YEAR	2b HOUR	
be 3 eoth	(TYPE OR	CE (PRINT)		MOL	Z	JUNE 1	10, 1986	3:40A		
er de	3. SEX	77	4 RACE	White		F BIRTH	6 AGE (IN YEARS LAST BIRTH			
1.30	1	remale	WILL	6	June	2 13, 1503	82	YRS MONTHS DAY	YS HOURS MIN.	
100	7a. BIRTI	HPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	0	NEVER MARRIED	9. BALTIMORE CITY OR			
00	Ba	ltimore, M	Id. U.S.	A .	WIDOWE		BALTIMORE CITY MD.			
田		OR TOWN OF DEATH	11. NAME OF	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) JOHNS HOPKINS HOSPITAL				126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSewife. Homemaker		
-	BA	LTIMORE	JOHN							
3	USUAL 13a STA	RESIDENCE (IF NURSING HOLATE	ME OR OTHER INSTITUTION	134 CITY OR TOV	RE ADMISSION)	13d INSIDE CITY LIMITS?	1130 STREET ADDRESS /	ZIP CODE 212	224	
X		Md.		Baltim	ore	YES 🔀 NO 🗌	3233 E.	Baltimore	e St.	
1		HER'S NAME	MIDDLE	LAST	100	15. MOTHER'S MAIDEN NA	AME		IAST	
4	W	illiam		Hupper		Mary			₹ ^{AST}	
PE	16a WA	S DECEASED EVER IN U.S	S. ARMED FORCES?	16b SOCIAL SECT	URITY NO.	17 INFORMANT Bal	timore, ADDRES	s Md. 21	222	
2	IV	0 -		214-22-	-2159	Arthur J.	Molz-8004			
MAN	18	PART I. DEATH WAS CA	er anly one cause pe	r line for (a), (b), or	nd (c)				ROXIMATE INTERVAL FEN ONSET AND DEATH	
4		IMME	DIATE CAUSE (a)	Cordio	pul	n arany or	rrest		min	
UFF			DUE TO, C	DR AS A CONSEQU	JENCE OF	10				
KA		Conditions, if any, whice gove rise to immediate		Chror	2-0	lung or	slase			
		couse (a), stating the	DUE TO, C	OR AS A CONSEQU		2	alien - a			
DR			(c)_	coro		ortery	ersease			
anijary.		AKI 2 OTHER STGNIFICA	ANI CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE GERA	MINAL DISEASE OR COND	ITION GIVEN IN PART	. 110	
1	CERTIFICATION	a DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FIN		
7	THE						YES NOT	IN CERTIFYING CAUS	SES OF DEATH?	
2	W 2	10. ACCIDENT WAS UNDERLYIN	tend transcript to	OF INJURY	NAV VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART	2)	
NON	CAL	OR CONTRIBUTING CAUSE OF	of OLAIR	A.M. MONTH D	PAY YEAR					
		14 INJURY OCCURRED	21e PLACE	OF INJURY TREET, FACTORY, OFFICE,		211. LOCATION	CITY OR TOW	n COUNTY	STATE	
	Z A	WHILE NOT WHILE TWORK] [VI HOME S	TREET, PACTORT, OFFICE,	TARM, ETC.)	The second				
1	2:	20.1 certify that (1) (this !	//	he deceased from.	6/1	0 19 56	0 to 6/10	. 17	_, that (I) (we) last	
ASE		saw the deceased alivabave, (I) (we) (did) (d	re on lo j O	y after death.	86.0	d that in (my) (our) opinion	death occurred on the dat	e and hour and from t	the causes stated	
212	2	26. SIGNATURE	011	57 -CE		DEGREE	AAEDICAL STAFF		ATE SIGNED	
4		- Dru	ull		111		MEDICAL STAFF DIRECTOR PHYSICIA	AND 6	110/86	
4	2	20. PHYSICIAN SNAME (TYPE OR PRINT)	4000		22e ADDRESS	11 1	- 11	1	
		Bruce		NO			ns Hoples	us Hos	Pilar	
		RIAL, CREMATION, REMO	6/13	3/86 00	NAME OF C	emetery or crematory un Cemetery	23d LOCATION	COUNTY	STATE	
	24 711	Burial		100 00	in La	nonal Hama	Baltimo.	re, Mary	land	
M 7/84	300	O'AE. Balt:	imore St	B ADDREAS	· ru	neral Home	UN 1 1 1986	Sh. REGISTRAR'S SIGN	ATUREndal	
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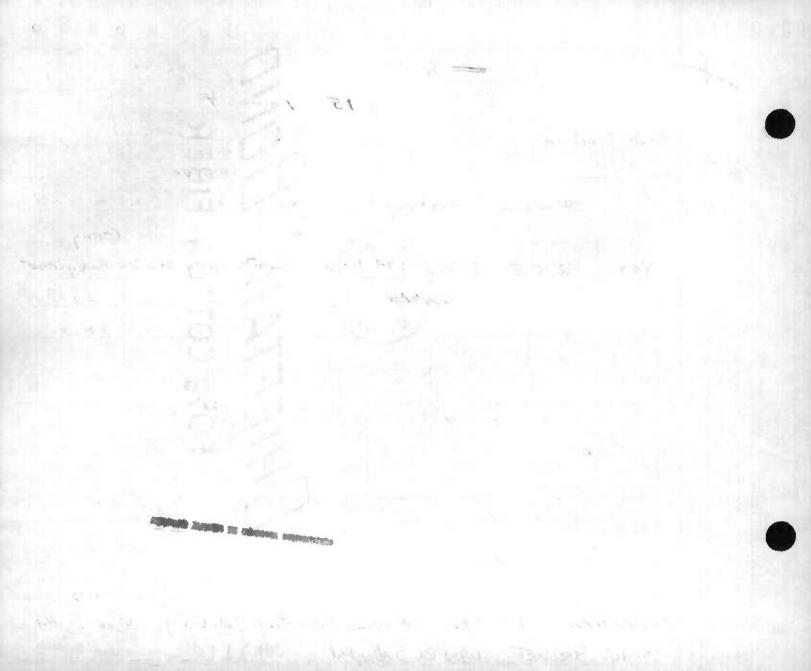
STATE OF MERTLAND

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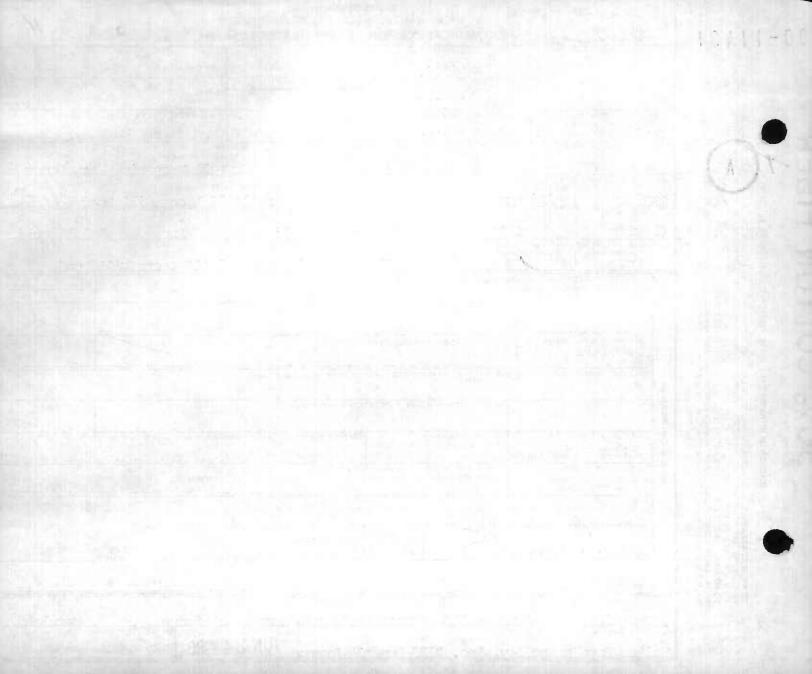
THE REPORT OF THE PARTY OF THE



1-09151	1	FOR - STATE	DEPA	RTMENT OF HEALTH AND I	WENTAL HYGIENE	16836
6	1 DE	REGISTRAR CEASED NAME: FIRST CERTIFIC WILLIAM WILLIAM CEASED NAME: FIRST WILLIAM CEASED NAME: FIRST	MIDDLE ALLAY	CERTIFICATE OF E	REG. 26. DATE OF DEATH	
ector, cope	3.56		A RACE	5 DATE OF BIRTH	YEAR 6 4	
Sport To	1	IRTHPLACE (STATE OR FOREIGN COUNTRY) OUTH CAROLINA ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNT USA 11. NAME OF HOSPITAL, NU	MARRIED WEVER A	VORCED B	OR COUNTY OF DEATH ASTON 12b. KIND OF BUSINESS OF
	USU		PROTINSTITUTION GIVE RESIDENCE BY	efore admission)		58 2/8/1
	1	ATHERS NAME	ourco SAL's	belien YES -	NO RT 2 70	BAILEY CANE
344	160.	WAS DECEASED EVER IN U.S. AI			MIDDLE MIDDLE	GRAY
the state of the s	1	YES WIL	NE WAR OR DATES) OTT 217-26 inly ane cause per line for (a), (b)	-8149 Horn	CE MONTHONERY	RTZ 700 BAILEY LANG
ng physical bompop remavo		PART I. DEATH WAS CAUSI			POTENSION	3-4DAY
the death the ottend readore co emotion, o er traumat		Canditians, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	SEPSIS		APPROX.
pures that signed by her please o bursul, or jury, or oth	Z	PART 2 OTHER SIGNIFICANT	((c) CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 110
to the party of th	TIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFO		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
SCIAN 1 ng physic centicos matol trug	ICAL CERT	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE	HOUR A.M. MONTH P.M.	DAY YEAR	JURY OCCURRED (ENTER NATURE OF IN	,
NG 9HT Called this as the this th and M carked of	MEDIC	21d. INJURY OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY LATHOME STREET FACTORY, OFF		ON CITY OR	TOWN COUNTY STATE
ATTEND OF THE OF			ntal) attended the deceased from	9 G, and that in my	Or every during the same	and from the causes stated
PITAL OF The SEAL		22d. PHYSICIAN'S NAME (TYPE	Cougres ORPRINI)	SII.	PHYSICIAN DIRECTOR PHYS	AFF (10/0)
TO HOS refusioned TO FLIN should to with the	230	S-A BURIAL, CREMATION, REMOVAL	MEN 21	22 R3c. NAME OF CEMETERY OR C	CREMATORY 23d. LOCATION	frither cons
BP	1	REMATION UNERAL DIRECTOR	6-9-86	6.1	centopy Salsbe	REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)		Glady: SEW.	net west k	& SALS, Md	JUN 1 1 1986	Julia Sainden Bordalle



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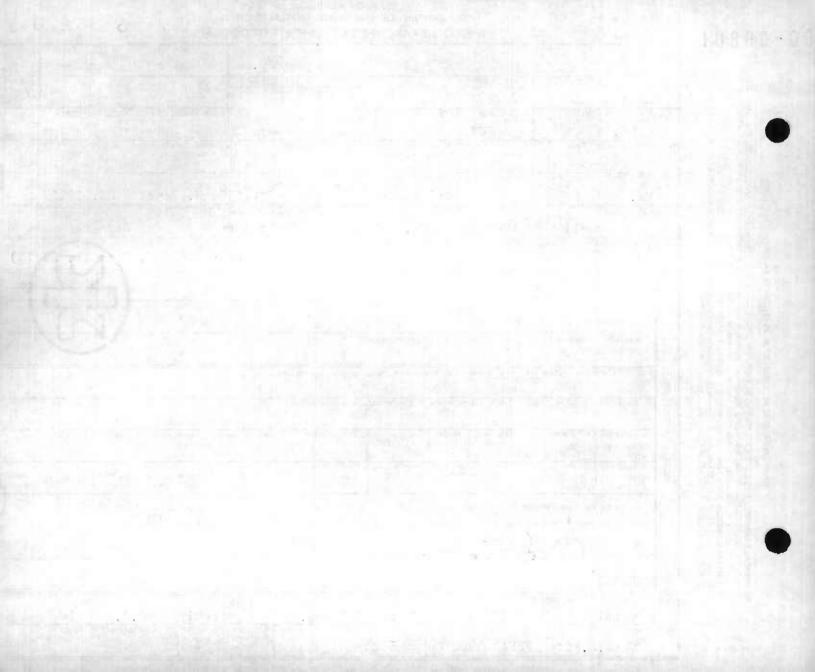
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BALTI	1	18 CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), and (c)			BETW	PROXIMATE INTERVAL FEEN ONSET AND DEATH
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D ZOZ		220.1 certify that (I) this haspita	Daltended the deceased from M	ARCH 31 19 86	, to JUNE I		that ()(we) last
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OR OR PORE		276 SIGNATURE	Gremly	DEGREE ATTENDING	MEDICAL STAF		ATE SIGNED
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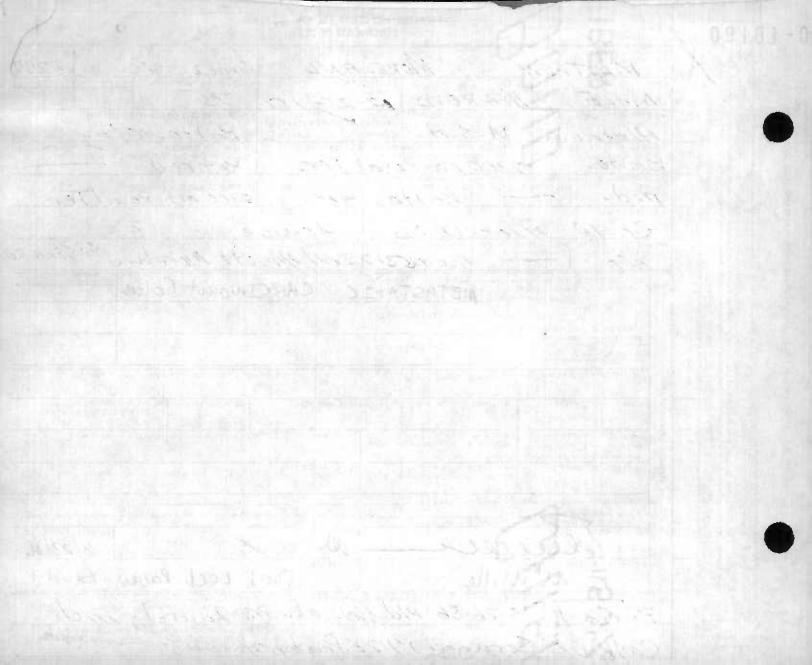
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN X 2h HOUR (TYPE OR PRINT) OF ESTI-Jr. THORNELL DEATH MATED **MOORMAN** 6 13 19 86 3. SEX 4 RACE S. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 7d HOUR DATE LAST BIRTHDAY PRONOLINCED 10:59 4/29/86 DEAD Male 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Md. USA Baltimore City PAGE S FILED. I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS. FOR MOST OF WORKING LIFE! 2 SHOULD BE FINE RECORDS. Baltimore University Hospital 13a STATE 2553 W. Fayette St. 21223 13d. INSIDE CITY LIMITS? Md. Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Thornell Catherine Savage Moorman Sr. 7 INFORMANT 146 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS IYES, NO. OR UNKNOWN) I HE YES, GIVE WAR OR DATEST Thornell Moorman 2553 W. Favette, St 12) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Sudden Infant Death Syndrome DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) OF HEALTH TO MEDICAL EXAMINES INVESTING THE WORD "PENUL PECKEUIT HE CERTIFICATE, WRITING THE WORD "PENUL PAGE 3 SHOULD BE USED AS A TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A STER CEATH WITH THE STATE DEPARTMENT OF HEALT A THE CEATH WITH THE STATE DEPARTMENT OF HEALT WITH THE MARY AND, 21201 PRIOR TO BURIAL, CRE 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🔛 NO [71a EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK X 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Natural causes X death resulted fram: Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL MD Assistant MEDICAL EXAMINER 6-13-86 SIGNATURE EXAMINER'S NAME Ann M. Wixon, M.D. 111 Penn St., Balto., MD 21201 236 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Md/ Burial 6/18/86 Cedar Hill Cem. Brooklyn 07/84 25M 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** FSPA 1300 Eutaw Place Chas.A.Rice (VR A15 ME (5))



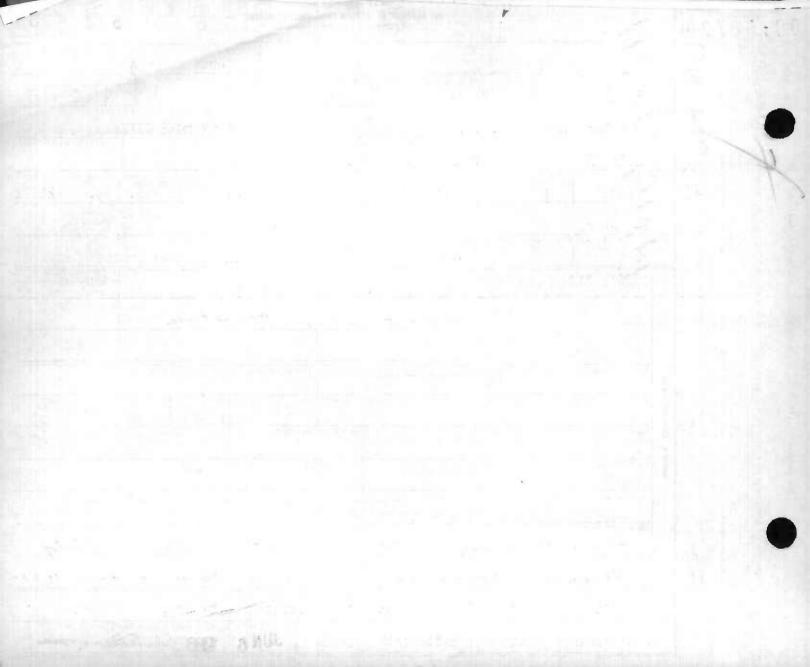
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	ortol for u			19		death occurred on the date of	and hour and from the causes stated
	R A hosp		22b. SIGNATUR	or) view the body offer deom.	DEGREE		22c. DATE SIGNED
	the h		10888	elle	ATTENDING PHYSICIAN I	DIRECTOR PHYSICIAN	n 6/23/81
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	0 € 5 € ¥ ₹	236	BURIAL, FREMATION, REMOVAL	. 23b DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	/ COUNTY / STATE
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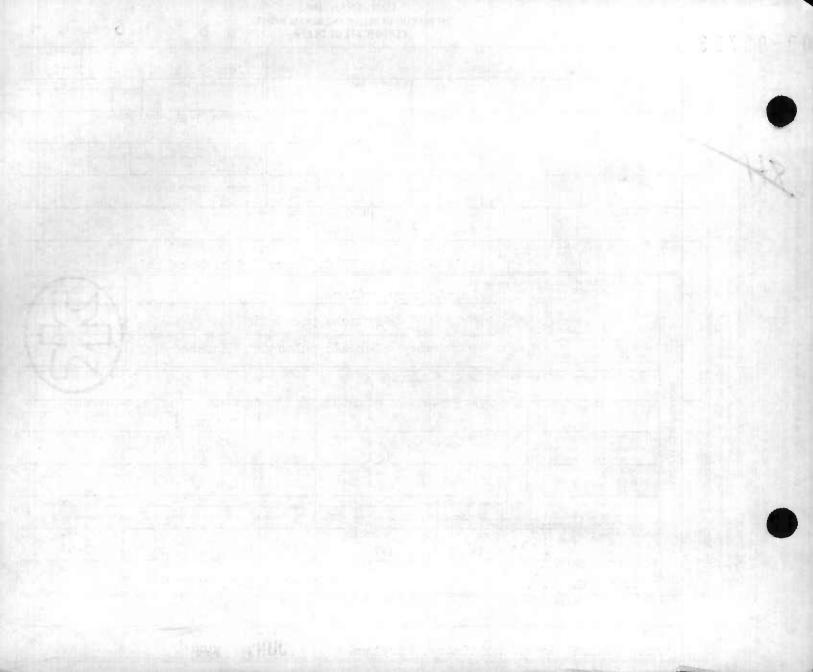
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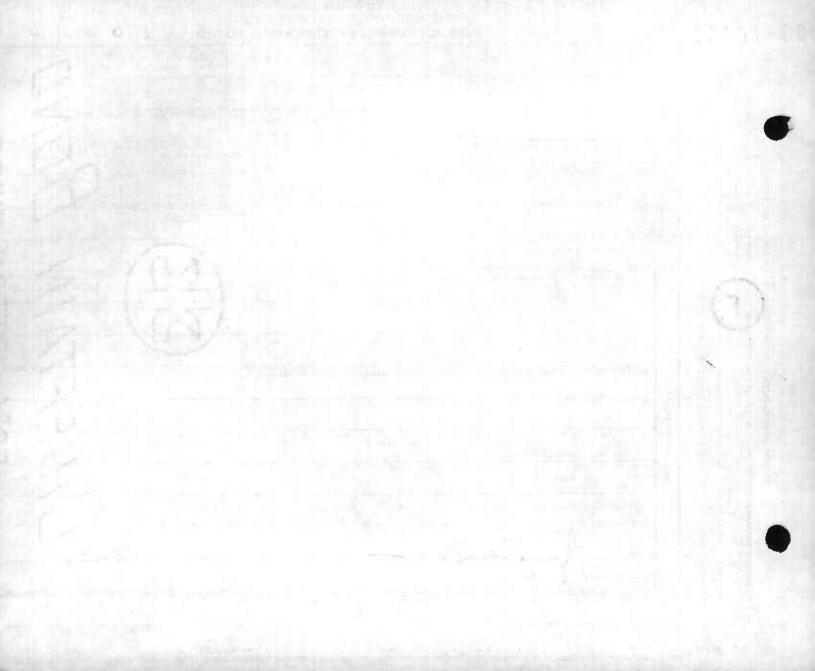


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO REGISTRAR 20 DATE OF DEATH MONTH I. DECEASED NAME 26 HOUR TYPE OR PRINTS Henry page 3 Robert (Morton June 3, 1986 0:55P N Morton AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5 DATE OF BIRTH 1865 male black BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED US Baltimore city WIDOWEDIX DIVORCED [ CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Point V. A. Hospital Retired Perryville GIVE RESIDENCE BEFORE ADMISSIONS LIAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Baltimore Md 3204 Seguoia Avenue 21215 IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST MIDDLE MIDDLE Morton Nanny ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? HE YES GIVE WAR OR DATEST YES, NO OR UNKNOWN) 216 05 2669 VAMC, Perry Point, Maryland APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: Respiratory Failure IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Broncho pneumonia Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF Chronic pulmonary disease underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOXX 71g. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY AT HOME STREET, FACTORY OFFICE FARM, ETC ) CITY OR TOWN STATE AT WORK 10 85 22a I certify that (I) (this hospital) attended the deceased from 19.86 saw the deceased alive an_ and that in XXX) (our) opinion death accurred on the date and have and from the causes stated above, (b) (we) (did) (and not) view the body after death 22b. SIGNATURE DEGREE 22¢ DATE SIGNED MEDICAL 6-3-86 PHYSICIAN DIRECTOR PHYSICIAN MAPORTAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) the s VAMC, PERRY POINT, MARYLAND PREM LAL, M.D. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY) MD Burial 6/10/86 Garrison Forest Vet Owings Mills 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR West ADDRESS 4300 Wabash Ave DHMH - 16 60M 7/84 - murdoun-Mandalik March Funeral Home, Baltimore, Maryland (VRA 15, 4)

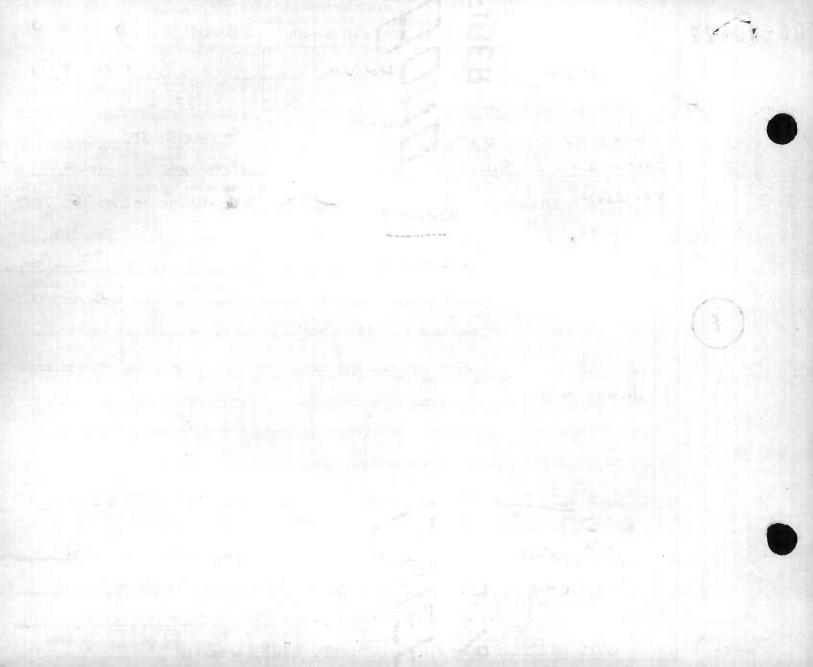
STATE OF MARYLAND



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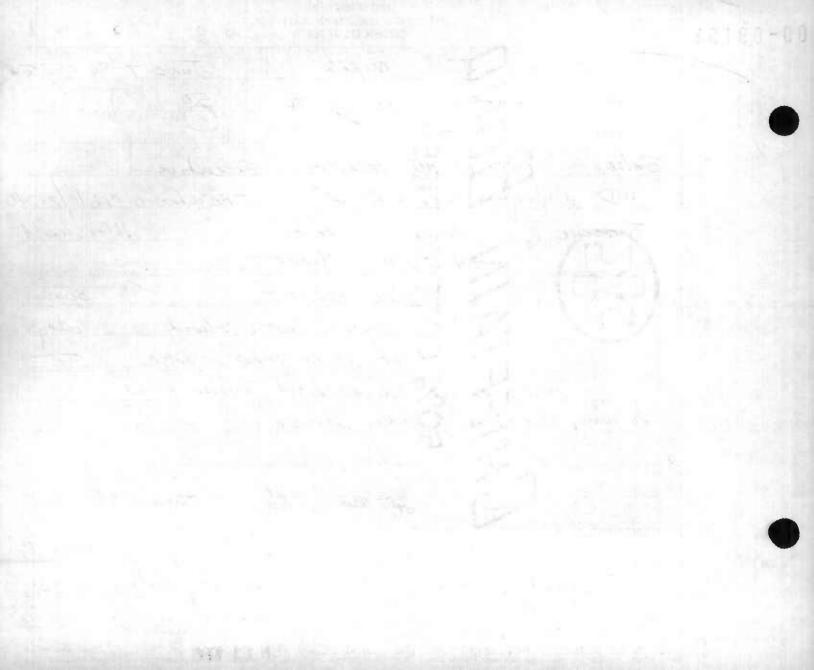
				STATE OF MARYL	AND				
00-094-22	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND CERTIFICATE OF S		NE B B REG. NO	1 6	8 4	6
the late. We have the	I. DEC	CEASED NAME FIRST	WIDDLE	LAST		20. DATE OF DEATH	AONTH DAY	YEAR 26 HO	UR
may be poge 3	(TYPE	ORPRINT) Milton		Mofsovitz			6.7	86 80	JAM
a pod	3. SE)		4. RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTI		NDER TYEAR IF UND	ER 24 HRS
4 00		Male	White	MONTH DAY	OR VEAR	77	YRS. MON	HS DAYS HOURS	MIN.
		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	1	BALTIMORE CITY OF		DEATH	
deoth.		Baltimore MD	144A		NORCED [	BALTMOR	E CITY		MD.
0 0 0 0 7	10 SI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME OR OTHER INS		120 USUAL OCCUPATION	N I	12b. KIND OF BUSIN	IESS OR
by the	B	ALTIMORE	16.	SPITAL		Self-employed	( CARLING LIFE)	GOCER	
212	13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE		TTY LIMITS?	3e STREET ADDRESS /	ZIP CODE		7 E
AND 24	M	00111111			NO X	3623 SEVEN A		APT 16	21208
MARYLAND ed within 24 mpletely fille and 2	外が	THER'S NAME		OWITZ 15. MOTHER	S MAIDEN NAM	E MIDDLE		COLIMANA	30 12-17
MA hed v	1	HARRY.	Moi		ROSE			GOLDMAN XXXXXX	+
Age of or		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO. IT INFORMA	BETTY MO	FSOVITZ 362	3 SEVE	N MILE LA	A.,
TIMO		No	2170			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		SXXXXXXX	CXXXXXX
BA STORY		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b	oi, and icui	APT. l=	G #21208		APPROXIMATE INT	ERVAL ID DEATH
5				whenery arre	5.0			20 mm	ites
S + ( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1830	DUE TO, OR AS A CONS					121	
S		Conditions, if ony, which gave rise to immediate	(b) My & Cac	dial intarction	<u> </u>			12 hrs	
4		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS	EOUENCE OF					
of the policy of			( (c)						
DS. Sugar New York Spirit	Z	PART 2 OTHER SIGNIFICANT		TO DEATH BUT NOT RELATED	O THE TERMIN	NAL DISEASE OR CONL	III ION GIVEN	IN PART TO	
8 1 1 1	ATIC	Charles mellit		HICH OPERATION WAS PERFO	DRMED	20e AUTOPSY?	20b. IF YES, W	ERE FINDINGS US	ED
2 040 3	IFIC					YEST NOT	IN CERTIFYIN	G CAUSES OF DEA	
AT THE STATE OF TH	CERTIFICATION	210. ACCIDENT WAS UNDERLYING		21E HOW IN	JURY OCCURRE	D (ENTER NATURE OF INJUR			
4 4 1 1 1		OR CONTRIBUTING CAUSE OF DE.		DAY YEAR					
NO STATE OF THE PARTY OF THE PA	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATI	ON	CITY OR TOV	/N	COUNTY	STATE
Wis	Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORT, OF	PICE, PARM EIC)					
A mo	15	220 I certify that (I) (this hasp	11-	0/	. 19_46	_, to		76, that (1)	Marine Control
F & 63 F E	10	sow the deceased alive on abave, (I) (we) (did) (did no	at) view the body after death.	19 <u>26</u> , and that in (my)	(aur) opinion de	eath accurred on the da	te ond hour an	d from the couses :	tated
A P P P P P P P P P P P P P P P P P P P		226. SIGNATURE		DEGREE	ATTENDING	MEDICAL STAF		220 DATE SIGNE	
3 3 3 5 5 T		1111 Con	m	MI	PHYSICIAN [	MEDICAL STAF		6/7/86	
Contain A	10	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRES	SS	-			
0 0 0 0 4 A		NA Cotte			IAI HOSE		ALTMORO	= 1	
+5 0000	23a. E	urial, cremation, removal JRTAL		23c. NAME OF CEMETERY OR		23d. LOCATION CITY OF TOWN	cc	DUNTY	STATE
BP			6/8/86		SACH AF	T. TOOLING			MD.
DHMH - 16 50M 4/83	24 Ft	INERAL DIRECTOR	OL LEVINSON	& BROS.	25a. DATE		SE REGISTRAR		63
(VRA 15, 4)		6010 REI	STERSTOWN RI	D. BALTO., MD	. (2121)	50 0 1980 श	NAITA INVITATION		



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					SIAI	E UP MAKTLAND		
0705		1-	FOR STATE REGISTRAR	DE		IEALTH AND MENTAL HY	GIENE 8- 6 PREG. NO.	6 3 4 8
0100			CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b HOUR
be oge 3		(TYPE	OR PRINT)	Y LEE	N	NUTH	June 24, 1986	9:00 %
a po		3. SE.	(	4. RACE	S. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
ector			Female	White		26, 1901	84 YRS.	
P Po	もつり		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
B 11	#	10.0	MD TY OR TOWN OF DEATH	USA	WIDOWI		Baltimore C	12b. KIND OF BUSINESS OR
1 11	00	10. C	Baltimore	(IF NOT IN SUCH FACILITY, GIT 201 Church	VE STREET ADDRESS!		(TYPE OF WORK FOR MOST OF WORKING Homemaker	
1 52		USU.	AL RESIDENCE (IF NURSING HOME STATE 13b. COL			113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COL	DF.
전 호등	BL.		MD		ilto.	YES 🛛 NO 🗌	201 Churchwai	
1 16	nine	14. FA	THER'S NAME	M/DDLE L	ASI	15. MOTHER'S MAIDEN NA	AME	IAST
2 254			Charles		rroll	Mary	C.	Randol
PA	hea		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 16b SOCIA	AL SECURITY NO.	17 INFORMANT	ADDRESS	
9 00	1/		No		40 5190	Mary C. F	otter, Alexandr	ria, VA
e 0 0 0 0	41		18 CAUSE OF DEATH (Enter	only one couse per line for (a)	, (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy phy mos	ug.		PARTI, DEATH WAS CAUS		ration	APPREST		day
50 B 10	4		INVINEDI	DUE TO, OR AS A CQI				
Man Man	nun		Conditions, if ony, which	DUE TO, OR AS A COL	ASTATI	& CANCER		6 Mary
2 200	110		gove rise to immediate couse (a), stating the	)		- CARACTER ST		
5 655	othe		underlying couse lost.	DUE TO, OR AS A COM	NSEQUENCE OF			
pled priol	0		PART 2 OTHER SIGNIFICAN	(c)	NG TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART I(a)
guir sign hen to bi	r) lury	Z	TAKE E OTTEK SIONII ICAN	CONDITIONS CONTRIBUTE	NO TO DEATH DO	THE TENT	MINAL DISEASE ON CONDITION O	THE THE TAKE TO
been mit. I prior	×	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
n. nos b	S 7	FIC						TIFYING CAUSES OF DEATH?
AN: Th thysicio ficote fronsit I Hygie	sho	ER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18	
SICIAN ng phy certific riol-tro entol H	8 G		OR CONTRIBUTING CAUSE OF D	DEATH HOUR A.M. MON				
ding ding s cer s cer	or He	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P.M.	19	211. LOCATION		
PH tend the b	0	ME	ATTACK CO SOLVED	(AT HOME STREET, FACTORY		STREET	CITY OR TOWN	COUNTY STATE
After 08	-F			The state of the s		S	1111	St O
OR: OR:	E S		22s.1 certify that (1) (1) is has	pital ottended he deceased		. 19.	deoth occurred on the date and he	. 19 (I) (we) los
ATT Sspirit SCTC d fo	121		above, I did thid	not hiew the body after death	17, 8		deoin occurred on the dote ond no	our and from the colors stated
OR DIRE Depi	# He		274 SIGNATURY	2001	A.	DEGREE	. MEDICAL STAFF	270 DATE SIGNED
ral y th y th deto	Ë		& July	year	W.	PHYSICIAN	DIRECTOR PHYSICIAN	012404
d bi	TATA	-	22d PHYSICIAN S NAME ITH	CHANGE		22e ADDRESS		
TO HOSPITAL retoined by th TO FUNERAL should be deto with the State	0 /		Dr. Stuart	B. Bell, MD		3501 St.	Paul St., Balto	o. MD
oper of short	≥	23a	BURIAL, CREMATION, REMOVA		23c NAME OF	EMETERY OR CREMATORY	23d LOCATION	
BP			Burial	6/27/86	New	Cathedral	Balto.,	COUNTY
Dulanti 14 4011	7.40.4		JNERAL DIRECTOR Henry	V W. Jenkins			TE REC'D. BY REGISTRAR 256 REG	STRAKS SIGNAL TO THE STREET
DHMH - 16 60M (VRA 15, 4)			05 York Road				UN 27 1986 gund	1000
			JU IUIN NUAU	DailU.	1 61616		1	

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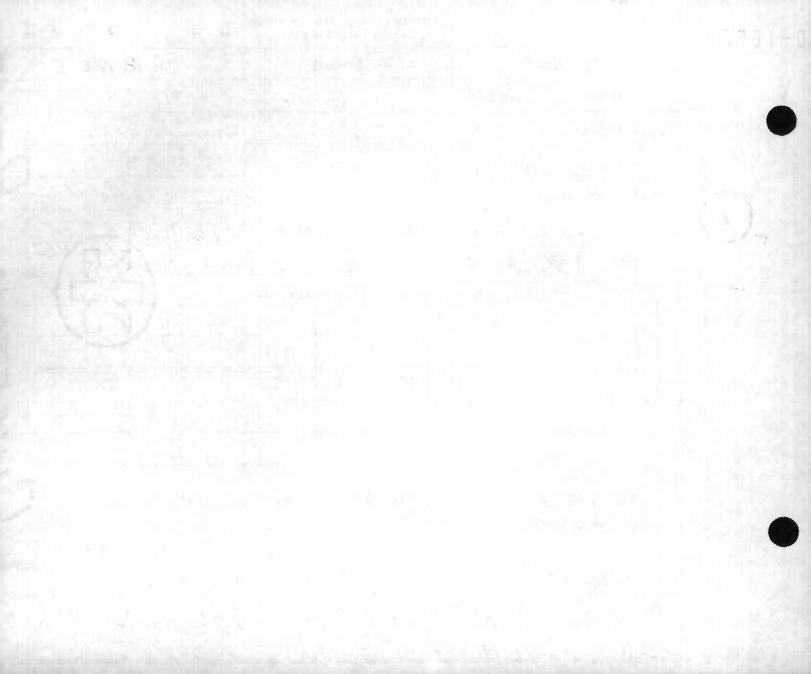


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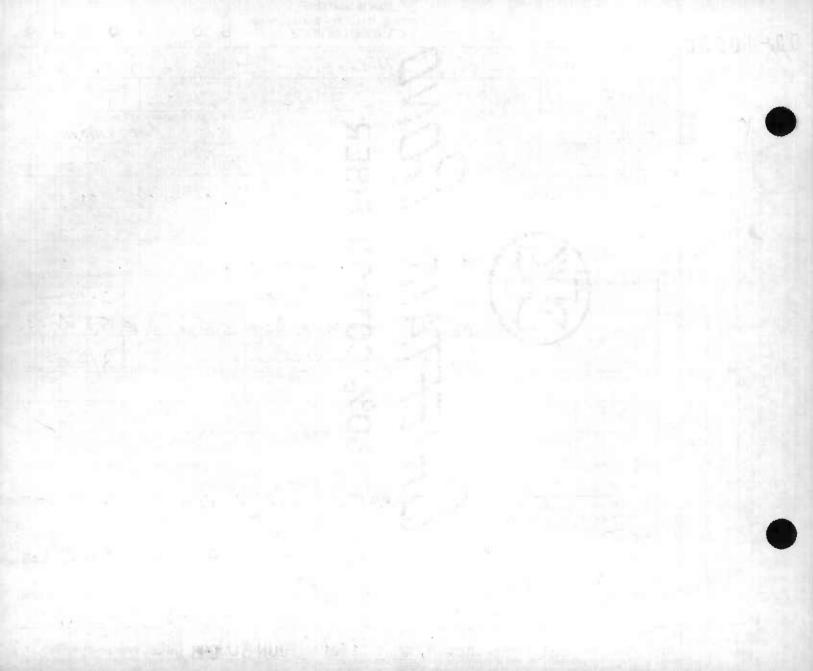
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0748	1	FOR STATE REGISTRAR		DEPART		ICATE OF I	MENTAL HYGI DEATH	BENE S S REG. N	16	8	5
0740	I. Di	CEASED NAME	FRS1	MIDDLE	1	AST		2a DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
feeth	****	Joh	in Ge	sprae	No	per		6 25	86		7:20 M
	3.58		4 RACE	11	5 DATE C		YEAR	6. AGE (IN YEARS LAST BIR	HDAY) IF U	THS DAYS	IF UNDER 24 HRS. HOURS MIN.
1		Male		White	1	16	1904	82	YRS.		
1/1		BITHPLACE ISLATE OR FOR TOUR	76. CITIZEN O	F WHAT COUNTRY?	MARRIE	D NEVER	MARRIED -	BALTIMORE CITY	R COUNTY OF	DEATH	
150	Oh	10 ITY DR TOWN OF DEAT	U.S.	A . F HOSPITAL, NURSIN	WIDOWE		VORCED		ore (	174	MD.
3/	17	. U		UCH FACILITY, GIVE STREET		OK OTHER INS	IIIUIION	(TYPE OF WORK FOR MOST C	F WORKING LIFE)	INDUSTRY	F BUSINESS OR
100	USU	AL RESIDENCE IN MUNICIPALITY	HOME OR OTHER INSTITUTION	ON, GIVE RESIDENCE BEFOR	RE ADMISSION)			Steel Work	er	Beth.	Steel
15	1000		Baltimore	Dundalk		13d INSIDE C	NO 🛣	13e. STREET ADDRESS	oak Doo	a	21222
100		ATHER'S NAME	balcimore	Dundalk			S MAIDEN NAM	8101 Bulln	eck koa	a	21222
120	1/Pa	113	MIDDLE	Naper		T111	stine	WIDDLE		Cabran	
1877	166	VAS DECEASED EVER IN			JRITY NO.	17 INFORMA		ADDRI		Schwa:	rtz
1	No		IF YES, GIVE WAR OR DATES)	213-07-2	123	Mari	lyn McCo	rmack	Camo	as 13	0
7	-		(Enter only one cause p S CAUSED BY:			Harr.	Lyn need	) I mack	Same		MATE INTERVAL ONSET AND DEATH
cremation, or ther traumatic		Canditions, if any, or gave rise to imme caine (a), stating underlying cause	which (b)	OR AS A CONSEQU	1 (	unck	r				
ury, or o	z		(c)_	CONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN	IN PART 1(c	<b>)</b>
7	IFICATION	THE DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?	206. IF YES, W	GCAUSES	OF DEATH?
9	CERT	21s. ACCIDENT WAS UNDER	THE 216. TIME	OF INJURY	5.77	21c HOW IN	JURY OCCURR	YES NO DE ED (ENTER NATURE OF INJU	YES TY IN ITEM 18, PART 1		NO []
19	7	OF CONTRELENG CA	and the passents	A.M. MONTH D. P.M.	AY YEAR	83.3				152-10	
/	MEDIC	214. INJURY OCCURRE	21e. PLAC (AT HOME,	E OF INJURY STREET, FACTORY, OFFICE, I		21f. LOCATION STREET	ЙС	CITY OR TOV	/N (	COUNTY	STATE
101		220.1 certify that (1) (t	_	the deceosed from_	Hill	6 20	19 K b	to	0/25 19	86 1	that (I) (we) last
21.6			alive on		, or	nd that in (my)		eoth occurred on the d			
1		226 SIGNATURE	A die norry view me dae	y difer death.		DEGREE			\ \ \	22¢ DATE S	SIGNED
E /			R	llenly		-	ATTENDING PHYSICIAN	MEDICAL STAT	F IAN	6/25/	186
AFORTAN		224 PHYSICIAN'S NAM	Real NA	A The	1.	FS (M	ic 494	10 Eustern	Ave	BUH	MOSPS
51	73n.	SURIAL, CREMATION, RE	MOVAE 236. DATE	231.1	NAME OF C	EMETERY OR	CREMATORY	23d LOCATION	LOU	NTY	STATE
-	Bu	rial		/1986 M	iorela	nd Mem		Baltimor	e	Ma	aryland
73	1	NERAL DIRECTOR Du		ADDRESS			25a. DATE	REC'D. BY REGISTRAR N.27 1986	25b. REGISTRAR	SSIGNATU	JRE
)	79	22 Wise Ave	nue Dunda	alk, Maryl	and	21222	30	M -0'1 1200	1		•

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	١,	FOR		DI		E OF MARYLAND EALTH AND MENTAL HY	GIENE		, ,	pa ey
-10006	1.	STATE REGISTRAR			CERTIF	ICATE OF DEATH	B G REG. N	0.	0 0	2 3
deoth 0		CEASED NAME FOR PRINTS	Mary Mary	MIDDLE K	atherin	Nazare	6/19/86	6 19	86	1010 AN
of refler of	3 SE	x Femal	4 RACE Cauc	dslan	5. DATE C	DF BIRTH 2/3/24  DAY  S 2 4	6 AGE (IN YEARS LAST BIR	61 YRS		HOURS MIN.
85		RTHPLACE (STATE OR FORE COUNTRY)  Maryland		OF WHAT COU	JNTRY? 8 MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH	E' ME
38	10. C	ortown of death Baltimore	11, NAME C	OF HOSPITAL,	NURSING HOME (	Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOUSEW	ION	126. KIND OF INDUSTRY Home	BUSINESS OR
36	13a. S	al residence in nurs state aryland			CE BEFORE ADMISSION) OR TOWN	13d. INSIDE CITY LIMITS? YES NO X	Rt. 1 B	/ ZIP CODE	21	654
201		Joseph	M •		ite	15. MOTHER'S MAIDEN NA Mabel			Dobs	
Today Page		VAS DECEASED EVER IN ( YES, NO OR UNKNOWN) (III	U.S. ARMED FORCES FYES GIVE WAR, OR DATES N/A	1	14-4823	Mr. Nickol	as F. Naza			#13
ned by the attending phy, is please remove carbanpal aurial, cremation, ar remove, y, or ather traumatic event.		Conditions, if ony, wl gove rise to immedi couse (a), stating underlying couse I	MEDIATE CAUSE (D),  DUE TO,  hich b)  the host C(c),	OR AS A COM	NSEQUENCE OF LT RES NSEQUENCE OF _ DASTRIC	CHRCINO NOT RELATED TO THE TERM	ma.		5.10	ATE INTERVAL VSET AND DEATH  O
ene prior to to ows ony injur	CERTIFICATION	190 DATE OF OPERATION	N 196 COM	NDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	206 IF YES, W IN CERTIFYIN YES	ERE FINDING G CAUSES C	GS USED OF DEATH?
A Mental Hygin	MEDICAL CER	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL E 21d INJURY OCCURRED	SE OF DEATH EXAMINER)  PLACE    PLACE	E OF INJURY A.M. MON' P.M. CE OF INJURY	TH DAY YEAR 19 OFFICE FARM, ETC.)	211. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		OR PART 2)	STATE
No. Atternatives of the Health on I is marked	2	WHILE AT WORK  270-1 certify that (1) (the	s hospital attended	the deceased	from 4/2	d that in (my (four) opinion				ot (I) (We) lost
vold be deroched for the State Dept. of ORTANT: If Item 2		sow the deceased a above/(i) we) (did) 22b. SIGN	medy	ody ofter death	1, 0,	DEGREE  ATTENDING PHYSICIAN (	MEDICAL STA		721. DATE SI	
5 4 × W		BURIAL, CREMATION, REA		0 /0/		EMETERY OR CREMATORY	23d LOCATION		DUNTY	STATE
P	24 FU	Cremat:	10n   6/2	200 5		son St. 250. DA	Catonsv.	ille ]	Balto	., MD
H - 16 60M 7/B4 VRA 15, 4)	Ne	ewnam Funer	ral Home	74	DRESS			Julia Davi		



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 20 DATE OF DEATH MONTH 2b. HOUR June 21 1986 AGE LIN YEARS LAST BIRTHDAY IF UNDER TYEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Two Guvs 13e.STREET ADDRESS / ZIP CODE 8356 Kavanagh Rd. 21222 LAST Shafer ADDRESS Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE CITY OR TOWN and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE & IGNED STAFF PHYSICIAN DIRECTOR PHYSICIAN 6101 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN COUNTY STATE 6/25/1986 Meadowridge Mem Pk Howard BEG 9 A 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83

(VRA 15, 4)

Duda-Ruck, Inc. 7922 Wise Ave Balto Md 21222

236 DATE

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

24 FUNERAL DIRECTOR

Burial



STATE OF MARYLAND

76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Rush

5309 Pembroke Avenue

Baltimore

166 SOCIAL SECURITY NO

White

USA

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
136 STATE

Md.

136 COUNTY
137 COUNTY
137 COUNTY
138 COU

DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

Feb. 25, 1903

MARRIED NEVER MARRIED

YES A

15. MOTHER'S MAIDEN

17 INFORMANT

DIVORCED

NO

Emma.

5 DATE OF BIRTH

WIDOWED

Nelson

1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

HYG	IENE 8 R.NO.	1	6	8	5	5
W	June 12, 198	6	۲	YEAR	3- S	_
	6 AGE (INYEARS LAST BIRTHDAY)  83  YRS	MO	UNDER N1H5	1 YEAR DAYS	IF UNDER	24 HRS MIN,
	BALTIMORE CITY OR COUN	_	FDEA	ТН		MD.
	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Housewife	LIFE)		CIND O	F BUSINI	ESS OR
?	13e STREET ADDRESS / ZIP CO	DE A	ven	ue :	2120	6
NAA	MIDDLE	re	ili	LASI <b>ng</b>		

no	216-66-9230	Mr. Thomas	Nelson 40	Glenbro	ok Dr.	21131
18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE	y one couse per line for (o), (b), and (c)   BY TERMINAL	Ay Kidne	y. •		APPROXIMATELY ONS	E INTERVAL ET AND DEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	Metastasis (	In bones, Le	mg.		
PART 2 OTHER SIGNIFICANT CO	onditions <u>contributing to death</u> but	NOT RELATED TO THE TER	RMINAL DISEASE OR COI	NDITION GIVEN II	N PART IIa	
19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	206. IF YES, WE IN CERTIFYING YES	G CAUSES OF	
216. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	216 HOW INJURY OCCU	JRRED (ENTERNATURE OF IN)	URY IN ITEM 18 PART I	OR PART 2)	

718. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE

226.1 certify that (1) (this hospital) attended the deceased from

abave, (1) (we) (did) (did not) with the body after death

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

716 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

211 LOCATION

CITY OR TOWN

ADDRESS

COUNTY STATE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED

274. PHYSICIAN'S NAME (TYPE OF PRINT)

sow the deceased alive on.

Subramanian Srinivas

PHYSICIAN DIRECTOR PHYSICIAN

86 5601 Loch Raven Blvd. Baltimore, Maryland

23a BURIAL, CREMATION, REMOVAL Burial

22b. SIGNATURE

FOR

- STATE

3 SEX

REGISTRAR DECEASED NAME (TYPE OR PRINT)

Female

Md.

14 FATHER'S NAME

Clara

TO BIRTHPLACE ISTATE OF FOREIGN

ID CITY OR TOWN OF DEATH

Baltimore

William

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

(YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES)

June 16,1986

MILWY

231 NAME OF CEMETERY OR CREMATORY Gdns. of Faith

DEGREE

CITY OR TOWN Baltimore

23d LOCATION

COUNTY Maryland

24 FUNERAL DIRECTOR

MEDICAL

Leonard J. Ruck Inc. Baltimore, Maryland

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Fiche Davidson- Mandelas

DHMH - 16 60M 7/B4 (VRA 15, 4)

FUNERAL DIRECT OID by the State Dept.

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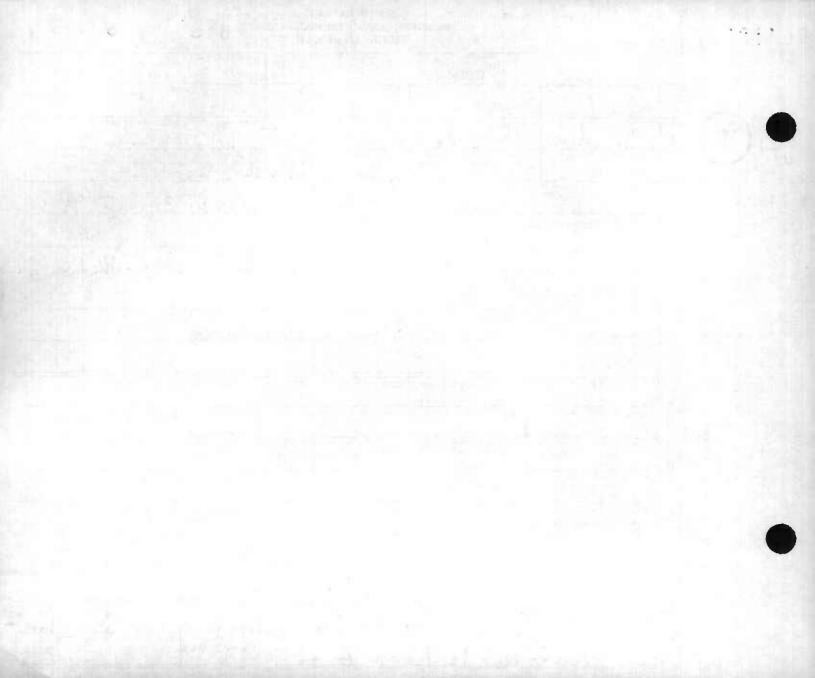
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DHMH - 16 60M 7/84 JUN 9.5 1980	DHMH - 16 60M 7/84	24 F	UNERAT DIRECTOR	7 1011		REC'D. BY REGISTRAR	Sh REGISTRAR'S SIGNATURE



0-85-1	1084	1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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<b>O</b> 4	And the state of t		THPLACE (STATE OR FOREIGN VIRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVERMARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COU	NTY OF DEATH
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AL OF The Top	CAL DIRECTOR OF THE Dept of T. Il New		226. SIGNATURE Wanda	archs-Da	DEGREE  WO MO ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 6/26/86
HOSPII of bench	A TUNES		22d. PHYSICIAN'S NAME (TYPE O	IR PRIM1}	6/1 P. Ch	ales It - 21.	230
21			PRIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OF CREMATORY	23d LOCATION	COUNTY

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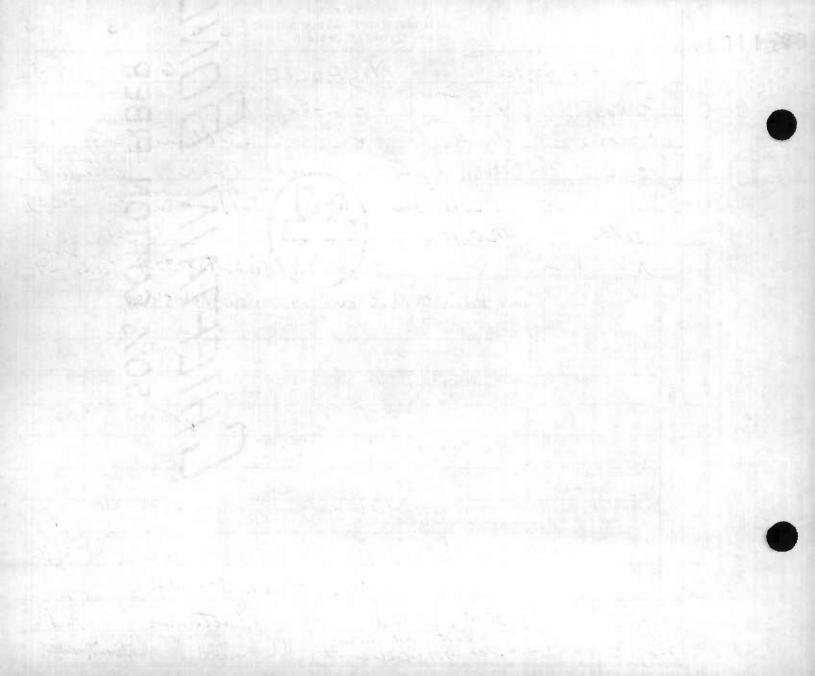
urial

11 JUNERAL/DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250 DATE REC DYBY REGISTRANZAD REGISTRAN'S SIGNATURE



0978 - FOR STATE REGISTE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		CEASED NAME	FIRST		MIDDLE	l.	AST		20 DATE OF	DEATH	MONTH	DAY	YEAR	26 HOUR	-			
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Ī	10 CT	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTIT	UTION		126. KIND OF BUSINESS								
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		URIAL, CREMATION, F		23b. DATE		AME OF C	EMETERY OR CR	EMATORY	23d LOCAT	TION		COUN	ATY.	STA	ATE			

Crestlawn Mem. Gardens

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT:

PARENT PUNERAL DIRECTOR
Burgee-Henss Funeral Home 3631 Falls Rd 21211

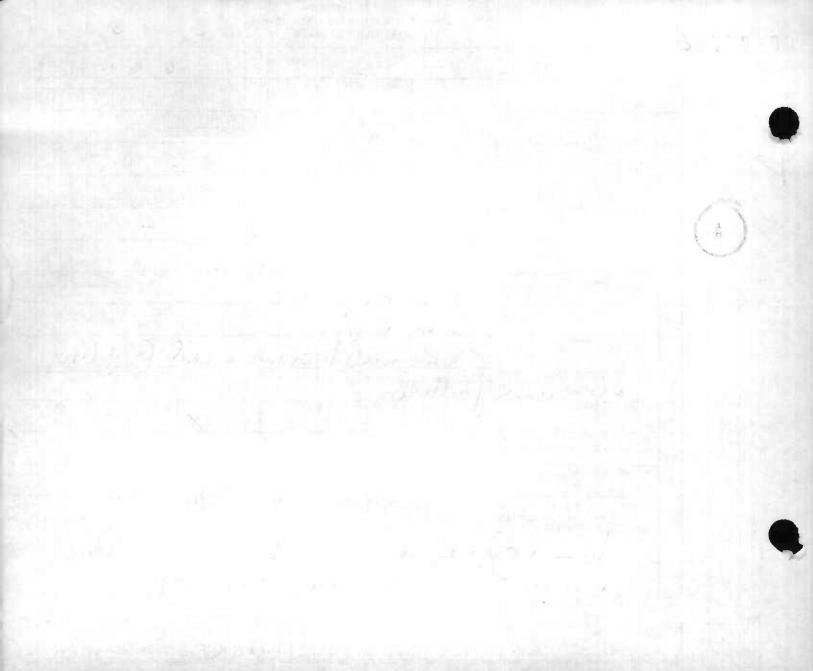
06/20/86

Burial

Gardens Sykesville, Carroll Co. Md

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

JUN 18 1986 Julia Davidson- Mandalos

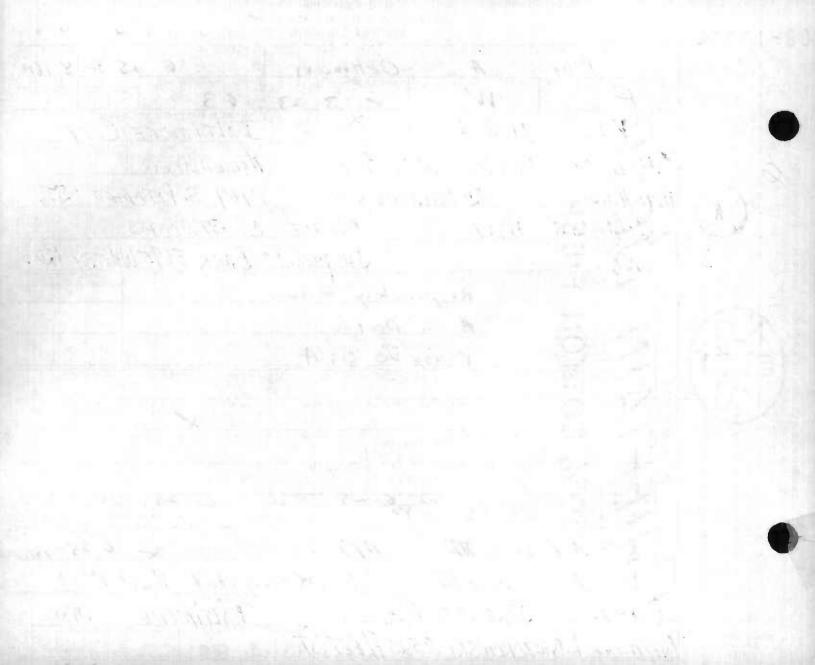


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	1	STATE OF MARYLAND
	١,	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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s 24		Committee M
6 64	-	A RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 14 HER
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20		AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
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TIME		
The second second		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME DAY 2h HOUR (TYPE OF PRINT) Irene S. O'Hara June 23, 1986 3. SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) W July 30, 1895 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ASTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City, USA Md. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 20 USUAL OCCUPATION O CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)
5910 Falkirk Road Homemaker INDUSTRY Baltimore USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13h COUNTY Baltimore 130 STREET ADDRESS / ZIP CODE 5910 Falkirk Road 13d INSIDE CITY LIMITS? 21239 Md. YES IX 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME George W. Scott FIRSTIda Virginia Layden 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166. SOCIAL SECURITY NO (YES NO OR UNKNOWN) LIF YES GIVE WAR OR DATEST 5910 Falkirk Rd. -39 Mr. John J. O'Hara, Jr. 213 74 9377 18 CAUSE OF DEATH (Enter only one couse per line for rol, (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10) Conditions, if any, which gove rise to immediate couse tot, stoting the DUE TO, OR AS A CONSEQUENCE OF lost. underlying couse ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIE CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [ 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL ( IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OF TOWN STATE AT HOME STREET FACTORY OFFICE FARM, ETC 1 NOT WHILE Dac 22a I certify that (1) (this hospital) attended the deceased from, U uno 13 ond that in [my] control opinion deoth occurred on the date and hour and from the couses stated sow the deceased alive on_ obove, (I) (wel-did) (did not) view the body ofter death. 22b. SIGNATURE DEGREE ATTENDING" PHYSICIAN D DIRECTOR PHYSICIAN 22e ADDRESS ld b 23c. NAMÉ OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL Burial STATE Baltimore, Md. 6/26/86 Woodlawn Cem. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE one shoulder fondate DHMH - 16 60M 7/84 JUL 2 MITCHELL-WIEDEFELD HOME. INC. 6500 Yerk Rd. (VRA 15, 4)

STATE OF MARYLAND

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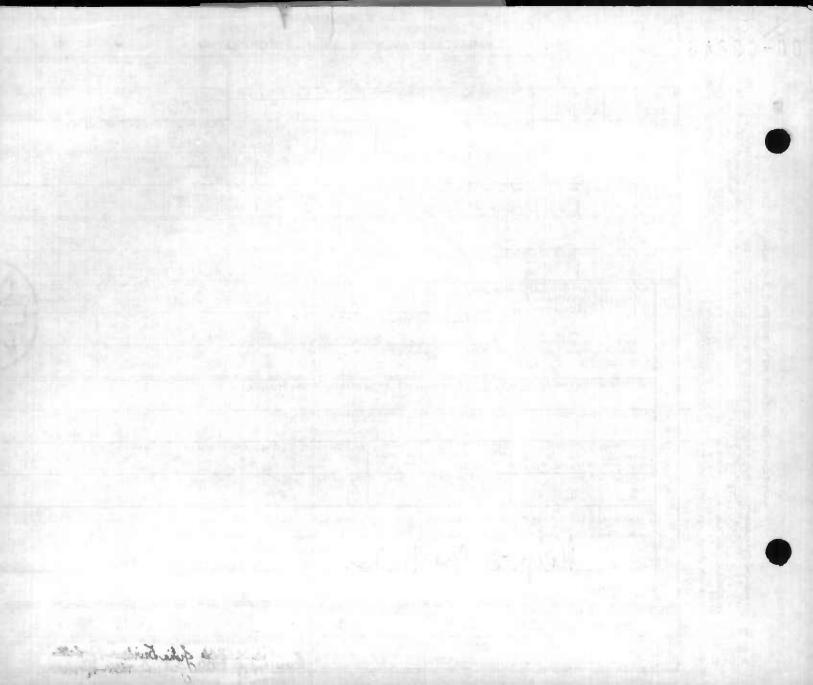
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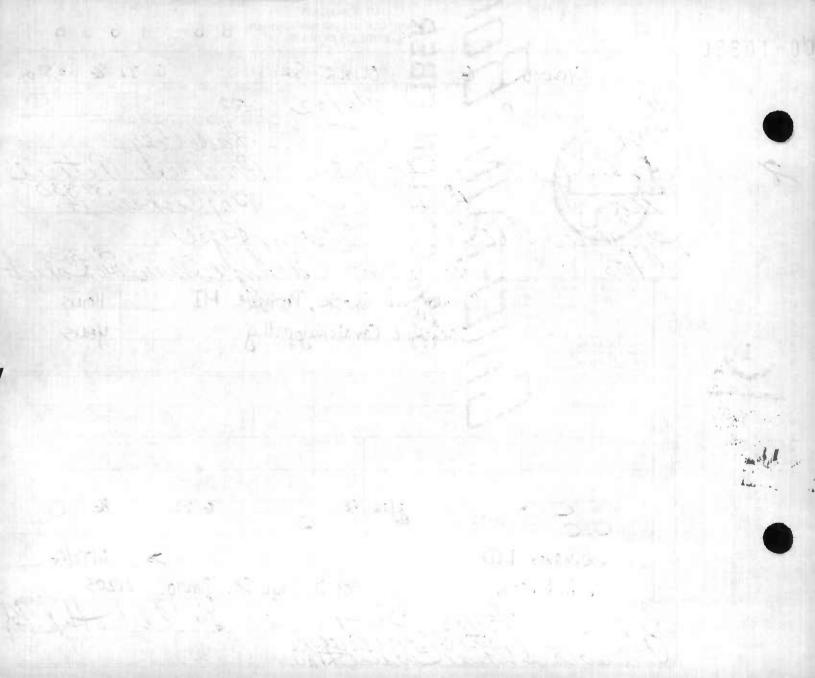
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 26 HOUR MIDDLE MONTH 1. DECEASED NAME TYPE OR PRINTE KARL 3. SEX 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) MONTH YFAR 01 11 E WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN O MARRIED NEVER MARRIED OUNTRY DIVORCED [ WIDOWED 126. KIND OF BUSINESS OR NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 10. CITY OR TOWN OF DEATH STREET ADDRESS TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY mercHANT USUAL RESIDENCE (IF NURSING HOME OR OTHER 113b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 15. MOTHER'S MAIDEN NAME

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UN F 14 FATHER'S NAME Kustav Onman KODD IAST MIDDLE UNKNOWN (YES, NO OR WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO 41KnOWN Mrs. Laule Pannel 3035 Lyndale Ave APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c). PART I. DEATH WAS CAUSED BY monary IMMEDIATE CAUSE to netastatic Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ Hyg 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 71e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC I NOT WHILE AT WORK 220.1 certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the couses stated 77k SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN TIL ADDRESS d be MPORT 3 = 730 BURIAL CREMATION, REMOVAL 73b. DATE 73c NAME OF CEMETERY OR CREMATORY Cremation Catonsville Balto. Md' Westview Memorial 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 Leonard J. Ruck Inc. Baltimore, Maryland (VRA 15, 4) Julia Davidson Bandes

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	91	BI	ALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET LES OF ICK	IG HOME OR OTHER INSTITUTION ADDRESS)	12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF PARCEL PL						
The state of the s	5	17	PARYLAND 136 COU	or other institution, give residence befor INTY 13c, CITY OR TOW BALTIMO	N 13d INSIDE CITY LIMITS?	AVE. BALT	INDRE, MD. 21214					
omplete f ond 2	20		ARCHER	MIDDLE OWE		MIDDLE	EOWARDS					
icion and control of the medical	1		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b. SOCIAL SECULIVE WAR OR DATES) 218-38-4	17. INFORMANT 1455 MARY H. OU	UENS BALTIN	SELVY AVENUE MORE, MD. 21214					
quires that the death co signed by the attendin hen please remove carb to burial, cremation, ar-		20	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUI		rminal disease or con	DITION GIVEN IN PART 1 a					
hos been permit T ene prior	9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200. AUTOPSY?	20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
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eroned by the hospit TO FUNERAL DIRECTO should be detached for with the State Dept. of	1		The SIGNATURE Shilly	ot) view the body giver death.	DEGREE  ATTENDING PHYSICIAN  220 ADDRESS	MEDICAL STAI						
BP			BURIAL CREMATION, REMOVAL	1 /- 1.	NAME OF CEMETERY OR CREMATOR	CITY OR TOWAL -	PALTIMORE, MARYLANG					
0HMH - 16 60M 7/	84	24 N	TUTTOE SON	IS FUNERAL HOMES	E, INC. 250. D	ATE REC'D. BY REGISTRAR	25b REGISTRAR'S SIGNATURE					

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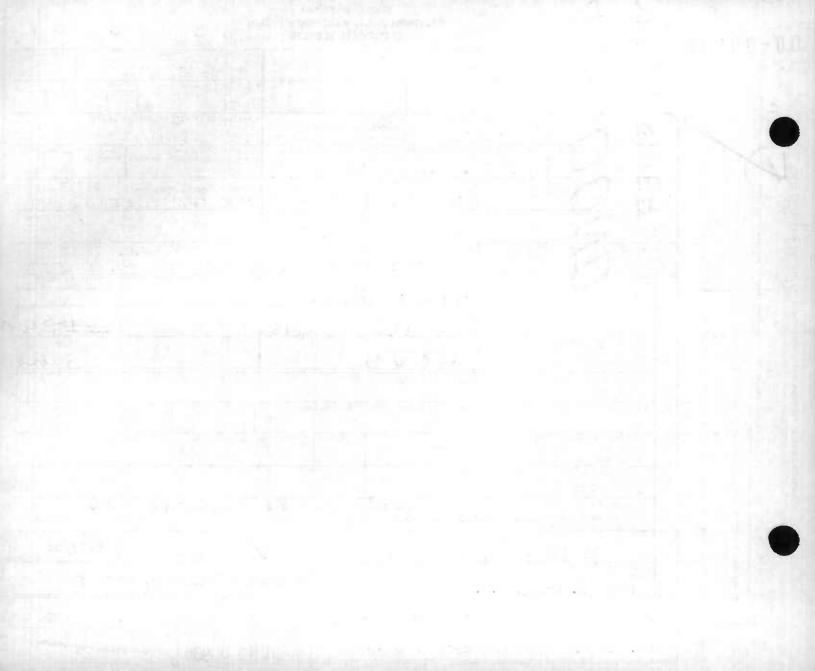
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24 FUNERAL DIRECTOR

March Funeral Homes 1101 East North Avenue

DHMH - 16 60M 7/B4

(VRA 15, 4)



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Dippel Funeral Homess Inc

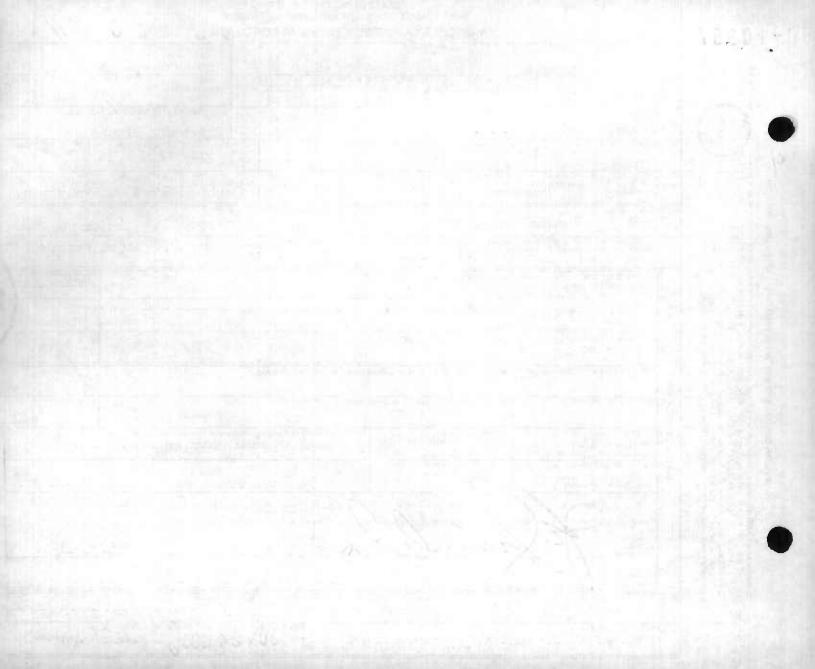
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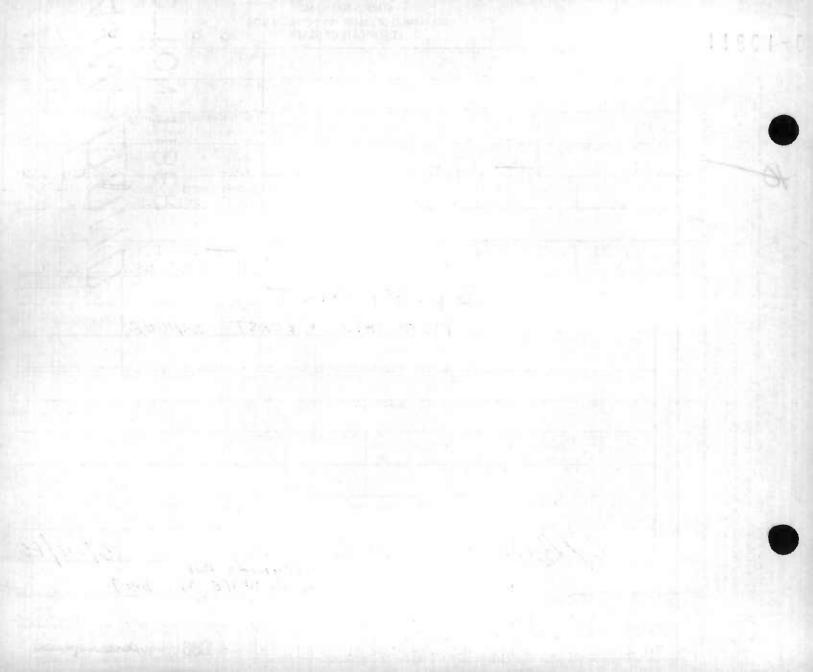
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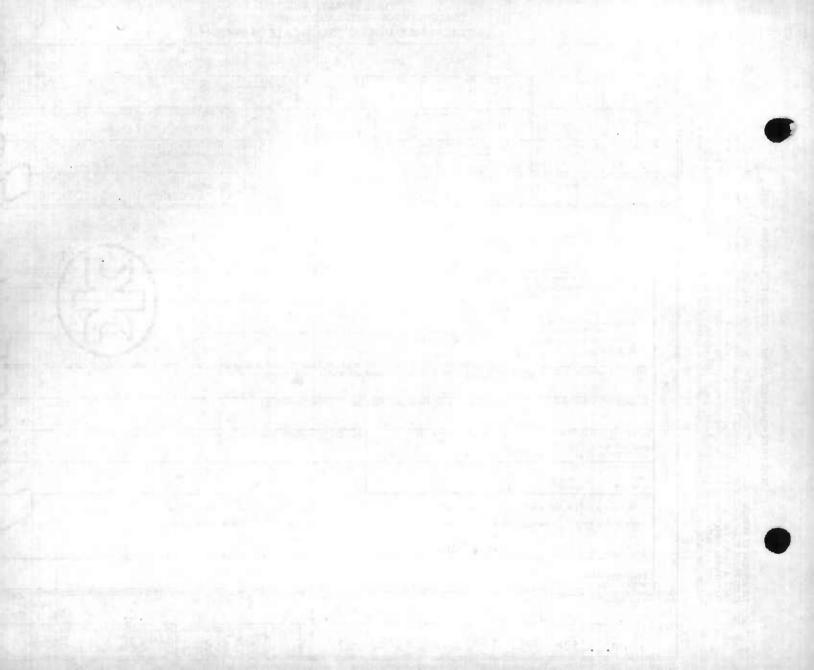
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	MAX DO	FO	REIGN COUNTRY)		76. CITIZEN OF WH	AT COUNTRY?	8. MARI	RIED NEVER MARR	IED X 9. BALTIMORE	CITY OR COU	INTY OF	DEATH	
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ALTIMO	AFTER HOSE PA	16a. V	VAS DECEASED E	(IF YES, GIVE	MED FORCES? WAR OR DATES)	220-04-85		Same as #	as & Ellen 🕅 13e	Parad	ee (P	arent	s)
- 2	MIN WIT		18. CAUSE OF C	DEATH (Enter or	nly ane cause per line	far (o), (b), and (c).)					A RET	APPROXIMATE WEEN ONSET	INTERVAL AND DEATH
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102	N WE WE	13	lying cause		50E 10, 0K	AS A CONSEQUENC	COF						
SDS.	DOECH MARCAL MARICAL MATICAL	7	PART 2 OTHER SIGNI	FICAN1 CONDITIONS	CONTRIBUTING TO DEATH R	UT NOT RELATED TO THE TE	RMINAL DISEA	SE OR CONDITION GIVEN IN PA	R1 1 (a)				
RECO	SAS AND A	FICATION	190 DATE OF O	PEDATION	TIEL CONDIT	ON FOR WHICH OP	EDATIONIN	MAS DEDECORMEDS					
1×	PALE PALE	FIC	The Date of O	LINATION	178. CONDIT	OINFOR WHICH OF	LKATION V	WAS PERFORMED?				AUTOPSY?	
N 4	EN HOUSE	TRE.	21a EXTERNAL	CAUSE WAS	216. TIME OF		21c H	IOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN	ITEM IB PART I OR		YES 🗌	иоХХ
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ō	WRIT AND	2	WHILE AT WORK	AT WORK	X	ad			n Pines near	Mankl	in C	reek	Rd.,
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	XECUTE AGE 4 O FUN VETER D		EXAMINER'S NO (TYPE OR PRINT)	1 00	hn E) Smia	mercania and a second			enn St., Bal	lto., M	ld.	21201	
	- mar-da	230 BL	JRIAL, CREMATIC		6/25/198	6 Riversid			23d LOCATION CUY OR TOWN	1A/ CC	DUNTY	an AASTA	TE I am al
07/84 25M	BP		NERAL DIRECTO	OR .				250. DATER	Libertytov			•	ylana
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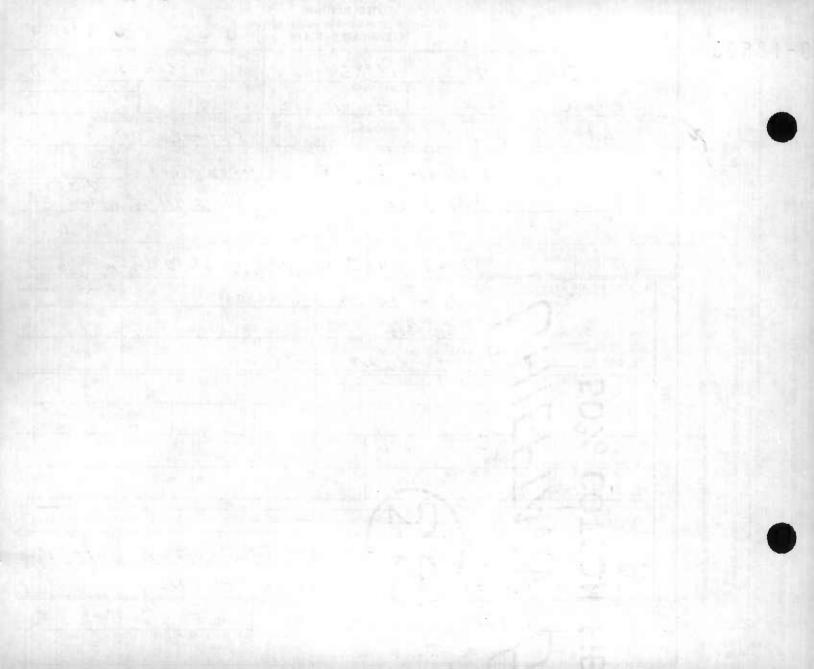
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10311	L	REGISTRAR // 1/	86 rj		CEI	TIFICATE OF	DEATH	O REG.	NO.	0 0	
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mo Ter p	3. SE	X	4	RACE		TE OF BIRTH	YEAR	6. AGE (IN YEARS LAST	SIRTHDAY)	IF UNDER 1 YEAR	HOURS MI
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98 D	7a 8	IRTHPLACE (STATE OR FORE	GN 7b.	CITIZEN OF WHAT C	OUNTRY? 8	RRIED NEVER	MARRIED T	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
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1 1	10 (	TITY OR TOWN OF DEATH	11	. NAME OF HOSPITA			STITUTION	120 USUAL OCCUPA		126. KIND C	OF BUSINESS O
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0 to 10 to		18 CAUSE OF DEATH (E	nter only	one couse per line for				DALITIO	1111		XIMATE INTERVAL
A D D D		PART I. DEATH WAS	CAUSED E	BY:	MATER	M AR	REST				
9 5 3		1/4//	MEDIMIL					100			L-WILL
10 0 E		Conditions, if any, wh	at at	DUE TO, OR AS A C	META	TATIC	RPE	AST CF	MCFR	2	
to and		gove rise to immedi	ote	(b)		(////	10 10	1-1 0	1000		-
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sign hen to bu	Z	PART 2 OTHER SIGNIFIC	CANTCO	NOTITIONS CONTRIBO	ITING TO DEATH	DUI NOI RELAIE	ED TO THE TERM	MINAL DISEASE OR CO	NUTION GIVE	EN IN PART III	0
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the bu	ME	WHILE NOT WHILE		(AT HOME, STREET, FACTO			ET	CITY OR	IOWN	COUNTY	STATE
os 1 ith o		AT WORK AT WORK									
Heo is m		220 I certify that (1) (the sow the deceased of	,	) ottended the deceos	sed from	1.45 - 4.7 - 4	, 19	, to			, that (1) (we) 1
d fo		obove, (1) (we) (did)	(did not)	view the body ofter de	oth.		y) (our) opinion	death occurred on the	dote and hour		
DIRE Oche Dep		22b. SIGNATURE	11/	200		DECREE	ATTENDING	MEDICAL ST	AFF	22c. DATE	SIGNED
. 4 4- 61		4	1771	W		ND	PHYSICIAN	DIRECTOR PHYS	ICIAN [	6/	24/1
FUNERAL old be det to the Stote ORTANT:		224 PHYSICIAN'S NAME	(TYPE OR PE	RINT)		22e ADDRE	J.HOP.	KINS HOSP			
should be del with the Stote		DR. JAE H	AGGEF	RTY			600 N.	WOIFE 5	T. DA	LT.	
<u> </u>	23a.	BURIAL, CREMATION, REA	NOVAL	23b. DATE	23c NAME	OF CEMETERY OF	RCREMATORY	23d LOCATION		COUNTY	STATE
		Burial		6/26/1986	Arbut	us Memoi	rial Par		Baltin	nore. M	Marylan
MH - 16 60M 7/84	24 F	WINTER COR SON	S FU	NERAL HOME				TE REC'D. BY REGISTRA	R 256 REGISTE		
(VRA 15, 4)		01 GWYNNS FA				D. 21216	J	UN 24 1986	grana &	Javidon-	Mondage
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	CAY IS NECESSARY, PLEASE OF THE FUNERAL DIRECTOR. PAGE 5 FOR YOUR FILES. BE FILED, WITHIN 72 HOURS 92, 201 W, PRESTON STREET,		Md.	3400	USA			WIDOWI		DIVORCI		Bal	timor	e Cit	y,		M
	SEE GE	10 C	ITY OR TOWN		11. NAME OF HOS	CILITY, GIVE ST	REET ADDRESS)	OR OTHE	RINSTITU	TION		AL OCCU	PATION (TY		ORIN	NDUSTR'	Y
-	SO HO			imore	Provider								1		Dept.	of	Just
( 1	# MAN 3		TATE  Md.	IF IN NO.		13c. CITY	OR TOWN		13d INSIDE C	NO P	253	ET ADDRE	ss rnaby	Dr.	21207	7	
10	ZNIC ST	14. F	ATHER'S NAME		WIDDLE		LAST		15. MOTHE	R'S MAIDE	NNAME		NIDDLE		LAS		
18	555236	D		arl		Parke				11a		N	HODLE	Jone		31	
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	EXAMINER: CERTIFICATI LID BE FOR DIRECTOR: WITH THE		death resulte		al causes .	Accident		ide .		ide XX		rmined m		na iir iiiy a	Jilligit		
	EXAMI CERTIFI JUD BE DIREC WITH WARYL	13		11	0 (	17	^		TITLE (S	-	Ondere		attrict				
	A COLOR		ACTUAL SIGNATURE_	Mour	te the	The	L.	M		istan	t MEDI	CALEYAA	NINEP	DATE	6/	/14/8	86
	PEA SHE											CALLAAA	THACK	31014			
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOUID BE FORM. TO FUNEAL DIRECTOR; P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	1	(TYPE OR PRIN	Maro	arita A.	Kore!	1, M.D	•A	DDRESS_	11	1 Per	nn St					
	5X4548	23o.B	URIAL, CREMAT	ION, REMOVAL 23		23c. N	IAME OF CEM	ETERY OR	CREMATO	ORY	23d. LO	CATION		COU	NIY	STA	TE
07/84 25M	BP	1	Burial		6/19/86		Arbutu	s Mer			-	Arbut		.C.		Md/	
2300	DHMH - 17	24. F	NAME OF		SPA 1300°	F. to-	. D1			250. DATER	AT A -		R 25b REG	ISTRAR'S		E	
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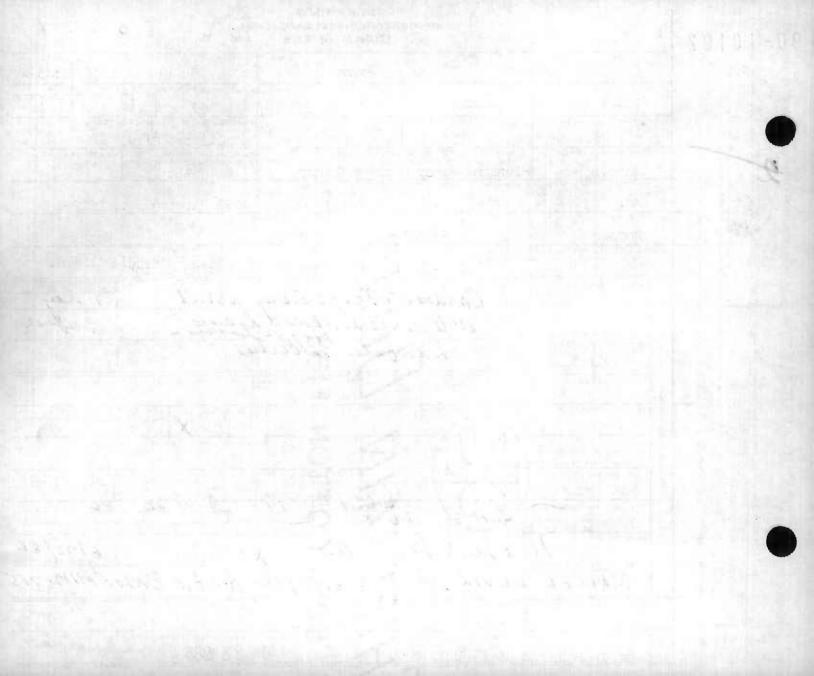
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1				STATE OF MARYLAND		
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	3. SEX	+/\/ 1/1	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
25		Female	Black	MONTH DAY YEAR 7 1/ /2	73	YRS. DAYS HOURS MIN.
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8-	10 CI	TY OR TOWN OF DEATH		URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON 124 KIND OF BUSINESS OR
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nëst be		AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN	VTY 13 CITY O	R TOWN 13d INSIDE CITY LIMITS!  YES NO	130 STREET ADDRESS	ZIR CODE ZIZZZ
Der	14. FA	THER'S NAME	Dalt	15 MOTHER'S MAIDEN	NAME	N. Francisi SI
W.	(	George	MIDDLE Par	RI FIRST	WIDDLE	Short
edicol		VAS DECEASED EVER IN U.S. AR		SECURITY NO. 17 INFORMANT	ADDRE	SS
med	(,	(IF YES, GN	(E WAR OR DATES) 214-	12-8219 Irma Pi	1grin 264	2 W. Franklin St
the the		18 CAUSE OF DEATH (Enter or	ly one cause per line for (a),	b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rent		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (0) CAR	DIO PULMONARU	ARREST	
e u		IMMEDIA				
E		Conditions if you which	DUE TO, OR AS A CON	- / /		The Water Street Street Street
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0		DART 2 OTHER SICNIESCANT	(c)	G TO DEATH BUT NOT RELATED TO THE TO		DITION COVEN IN DARK 1
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E 18		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	H DAY YEAR		
ē	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
0	MEC		(AT HOME, STREET, FACTORY,		CITY OR TO	NN COUNTY STATE
		AT WORK				
ē.		22a   certify that the this hase			to	, 19, that (100) lost
121		saw the deceased alive an above, (1) (we) (did) (did)	view the body ofter death.		an death occurred on the do	te and haur and from the couses stated
= =		226 SIGNATURE	D R.	DEGREE		22c DATE SIGNED
±		CoRustr	R. Cr	M.S. ATTENDING		
A T	140	27d. PHYSICIAN'S NAME CTYPE C	OR PRINT)	22e. ADDRESS	11	
MPORTAN		Rosita K.	CRUZ	LUTHER	HY HOSPITI	12_
<u> </u>		URIAL, CREMATION, REMOVAL	23b DATE	23¢ NAME OF CEMETERY OR CREMATOR	RY 23d LOCATION	
146		SPECIFY) Burial	6/27/86	King Memorial Park	Randa 1	stown MD
(0.2		INERAL DIRECTOR		25a (	DATE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATURE
4/B3	Ma	arch Funeral Ho	me West 4300 AD	Wabash Avenue	UN 0 6 1098	at August a

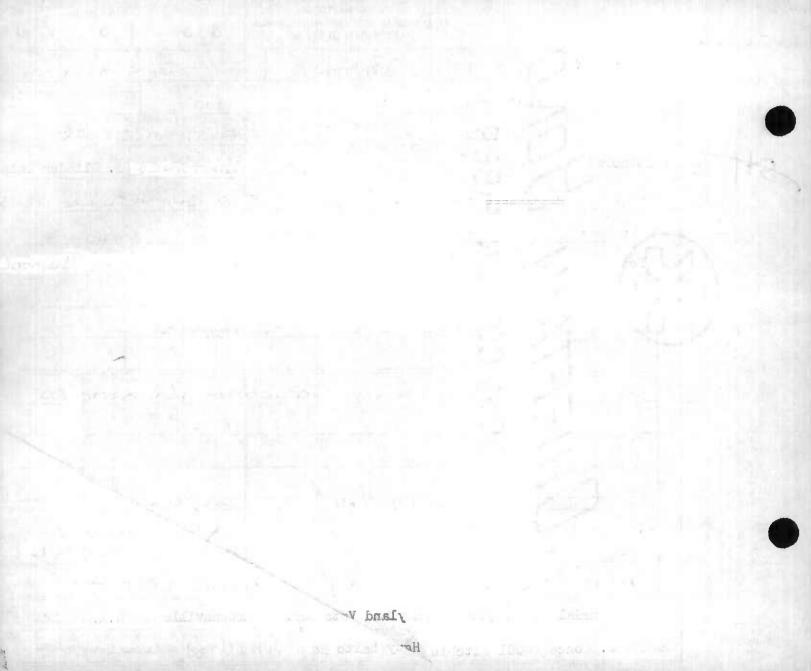


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00-	10192	1.	FOR STATE REGISTRAR			DEP		T OF H	EALTH AND MENTAL HY ICATE OF DEATH	GIENE &	REG. NO.	6	3	11	
	ay be age 3 death		CEASED NAME E OR PRINT)	Gertr		MIDDLE	41		ayne	20 DATE OF E	6 20	DAY	986	26 HOUR 3:45	A _M
	ge 4 maj ectar, po urs after c	3 SE	× Female		4 RACE Bla	ick	5. 1	MONTH 8	7 1916	1000	rs Last Birthday)	MONTE	DER 1 YEAR	IF UNDER 24 I	HRS MIN.
•	death. Po		IRTHPLACE (STATE OR F		76 CITIZEN OF	USA	W	IDOWE			imore Ci		DEATH		MD.
10.2	рогитео	Ва	ity or town of DEA altimore		Pleasan	t Mano	STREET ADDRE	rsin	r other institution ig Center	TYPE OF WORK F	CCUPATION OR MOST OF WORKIN OSTIC		NDUSTRY	F BUSINESS	OR
AND 21	of the state of th	130	Md.	13b COUN		136 CITY OR Balto	NWOTS	ISSION)	13d INSIDE CITY LIMITS?	13e STREET AL	Parkton	St.,	2122	29	
MARYL			Andrew		AIDDLE	Pow	ell		Is mother's maiden no Bertha	AME	WIDDLE	diff.	Weeds	6	
TIMORE	an and c		WAS DECEASED EVER YES, NO OR UNKNOWN) NO		WED FORCES?	217-0			17 INFORMANT Pleasant Man	or Nurs	ADDRESS Park ng Cent	Heig er	hts /	Ave.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	quires that the death certificat signed by the attending physis hen please remove carban pape to burial, cremation, or removality, or other traumatic event,	NOI	Conditions, if any, gave rise to imm cause (a), stating underlying cause	which nediate g the last.	DUE TO, OR AS A CONSEQUENT			EXECUTE HEART DEATH BUT NOT RELATED TO THE TERMINAL DISEASE		WINAL DISEASE	OR CONDITION	GIVEN IN	3	Gen	6
TAL RECO	The law rician. The law reference hist permit. Green print	CERTIFICATION	190. DATE OF OPERAT		19b CONDI		HICH OPE	RATION	WAS PERFORMED		NO IN CEI	YES [		GS USED OF DEATH? NO	
VISION OF VI	G PHYSICIAN: ontending physicians er this certifica ithe buriel-troi and Mertal Hy ked at Item 18	MEDICAL CI	OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHILE AT WORK AT WOR	AUSE OF DEAT	HOUR A P 21e. PLACE	M. MONTH M.		YEAR 19	21t. HOW INJURY OCCUR 21t LOCATION STREET		RE OF INJURY IN ITEM		OR PART 2)	STATE	E
	O HOSPITAL OR ATTENDING PREFORMED or attentioned by the hospital are offer to FUNERAL DIRECTOR: After the should be detached for use as the with the State Dept. of Health and MPORTANT: If them 21 is marked		220.1 certify that (1) sow the deceose obove, (1) (we) (d) 22b. SIGNATURE	d olive on aid) (did not	Ver the body	20	Levi	- 0	d that in (my) (out) opinion EGREE  ATTENDING PHYSICIAN  122e ADDRESS	death accorded	on the date and  STAFF PHYSICIAN   AUE BI		from the	m/8	
		23a. E	BURIAL, CREMATION, F	REMOVAL	23b. DATE				METERY OR CREMATORY	23d LOCAT		cou		STATE	=
	BP DHMH - 16 50M 1/81 (VRA 15, 4)	24 F1	Burial JNERAL DIRECTOR NAME Wm C Mar	ch F/	6/25/ H West	ADDR	RESS		Mem. Pk.		itus, Md BISTRAR 256 REG 186 Jima	ISTRAR'S	SIGNATI	JRE CONTRACTOR	





STATE OF MARYLAND

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DHMH - 16 60M 7/84

(VRA 15, 4)

FOR - STATE REGISTRAR

## STATE OF MARYLAND DEPA

RTMENT	OF H	EALTH	AND	MENTAL	HYGIENE	
CE	RTIF	ICATE	OF	DEATH		

REG. NO

TYPE OR PRINT	MAURA	PEARSON PEARSON	June	286 32 1 321
3. SEX Female	Black of	5. DISTE OF BILLY DAY 27 R	6 AGE (IN YEARS LAST BIRTHDAY)	DATHE DAYS HOURS WI
COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED   NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
North Carolina	USA	WIDOWED DIVORCED	Baltimore City	
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS ( INDUSTRY
Baltimore	Good Samaritan	Hospital	Store owner	Grocery
USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 13b. COUN Maryland		N 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 2129 nCliftwood	Ave. 21213
14 FATHER'S NAME		15. MOTHER'S MAIDEN NA		
JoHn JoHn	H Murphy	Laura	Jane	Gore
	MED FORCES? 166 SOCIAL SECU		ADDRESS	

NO	243-30-4520   Gladys Neal 1/10 Homestea	a pr. #STST2
DARTI DEATH WAS CALLS	nly one cause per line for (a), (b), ond (c). ED BY TE CAUSE (a)  CA-LIAC GUEST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (C)  DUE TO, OR AS A CONSEQUENCE OF  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C	

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0

O				
TIFICAT	6/15/86	(a) La King of 65tomy		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH' YES \( \bigcap \) NO \( \bigcap \)
CER	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 216. HOW INJURY OCCURRED	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)

HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY

MEDICAL CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 27a I certify that (I) (this haspital) attended the deceased from

apinian death accurred on the date and have and from the causes stated 226. SIGNATURE DEGREE The DATE SIGNED

ATTENDING MEDICAL STAFF PHYSICIAN 22e ADDRESS

23d LOCATION
CITY OR TOWN

Baltimore City, Md. 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE

Burial 6-27-86 Baltimore Cemetery 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

Marshall W. Jones, Jr. FH 4101 Edmondson Ave.

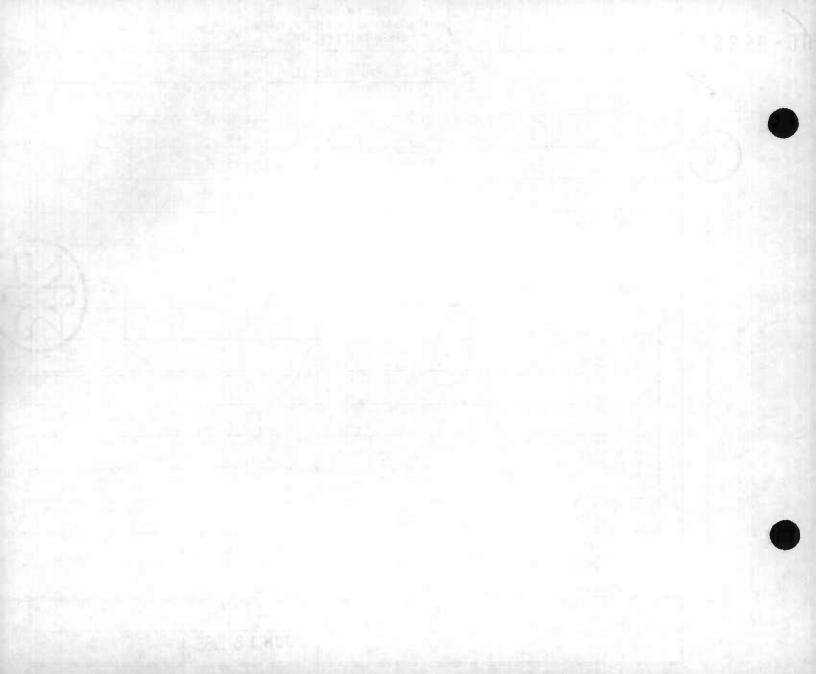
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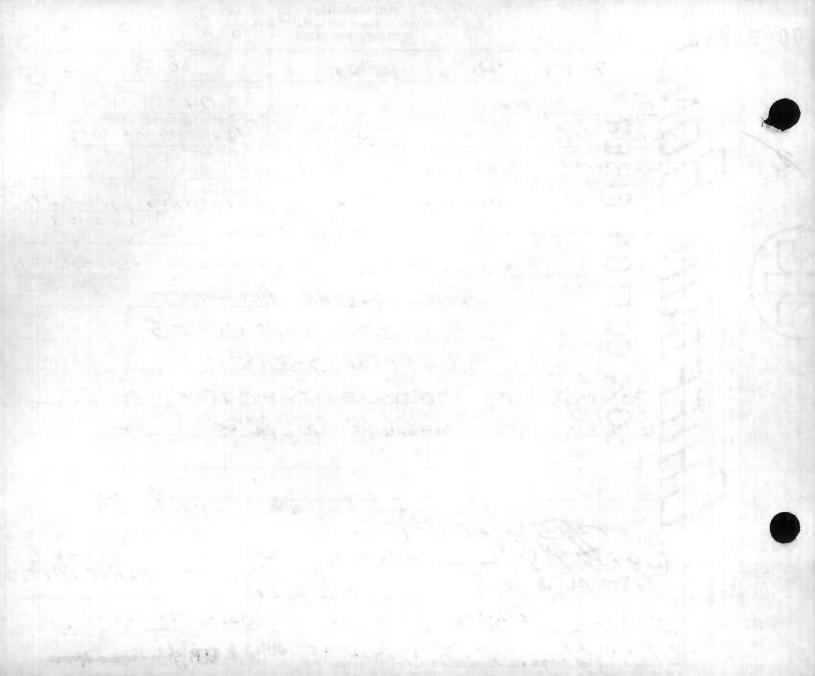
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH MONTH FIRST 26. HOUR TYPE OF PRINTS 4:14 Lee 06-11-86 Pearson 4 RACE 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR 03-01-1928EAR 58 Black Male TO BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City South Carolina USA WIDOWED DIVORCED IN CITY OF TOWN OF DEATH 11, NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR St. Agnes Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore USUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e. STATE 13L COUNTY 201 S. Loudon Avenue Baltimore Maryland Baltimore NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Clark LAST Lucillan Zack Pearson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS LYES, NO OR UNKNOWN) 250-30-3133 Lillie Mae Pearson 201 S. Loudon Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 5- Oden Arrest CAPIAC IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which COTUNIARY gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a ATON 90 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) STREET NOT WHILE 22a 1 certify that (1) this haspital) attended the deceased from the deceased alive as showe (I) (we) (did) (did no) view the body after death. and that in (ny) (our) opinion death accurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING . MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME LITTE OF PR 22e ADDRESS 231 NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, REMOVAL 23d LOCATION 23h DATE Crownsville, Maryland Maryland Crownsville Va. 6-16-86 Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B2 Brown/Thompson F.H. 1913 W. Baltimore St. JUN 18 1986 Julie Davidson Synthesis (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH MONTH DECEASED NAME 2b. HOUR TYPE OR PRINTS JUNE 13, 1986 Alice CARNES Perdue CATHERINE 3:40 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS May 22, 1986 White Female BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY U.S.A. Maryland WIDOWED DIVORCED [ NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12n USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE JOHNS HOPKINS HOSPITAL Infant Woodlawn 3424 Flannery Lane 13d INSIDE CITY LIMITS? 21207 Balto.Co. Marvland 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME LAST Susan Marie Carnes Lawrence Perdue Michael (YES, NO OR UNKNOWN) Michael L. Perdue same none no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and (c).1
PART I. DEATH WAS CAUSED BY. 5 minures ardiopulmonary arrest IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF 6-1-86 Sepsis Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF 5-31-86 underlying couse Necrotizing Enterocolitis PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION renal failure, adult respiratory distress syndrome disseminated intravascular coaquialis 16 CONDITION FOR WHICH OPERATION WAS PERFORMED 1200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? at the terminal ileum 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET FACTORY OFFICE FARM, ETC.) NOT WHILE 22a | certify that (1) (this hospital) attended the deceased from <u>&&</u>, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on_ obove, (1) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS d b 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Woodlawn Balto. Co. Md. 6/17/86 Woodlawn Cemetery Burial 24 FUNERAL DIRECTOR BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1 DHMH - 16 60M 7/B4 Burgee-Henss Funeral Home, 3631 Falls Rd 2121 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME (TYPE OR PRINT) BETTY ERRY 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR 1.5EX MONTH YEAR 11 10 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY A BRIMPLACE (STATE OR FOREIGN MARRIED MEVER MARRIED WLTOMONE Coly MACON WIDOWED DIVORCED [ 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 41151 F NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIB-CODE 2242 avidary, ngram st GTIMORD 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME 217523 Rasinson OTTYLYWUH 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Luscon lowers erye whoy, was w (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO CCAUSION OF LIGHT SUPERITORMED TO AUTOPSY 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2] HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED THE PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN LAT HOME STREET, FACTORY, OFFICE, FARM, ETC. | WHILE NOT WHILE AT WORK 220 1 certify that (1) (this hospital) attended the deceased from that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Cx50N 11.11 DHMH - 16 60M 7/84 (VRA 15, 4)



			STATE OF MARYLAND		
1 -	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE & O REG. NO.	5 5 6 3
		WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
(11PE	ROBERT	ALLEN	PERRY	6	5 86
3. SE)	(	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS EAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	M	R	5 2 YEAR 50	36 VP	
7a BII	RTHPLACE (STATE OR FOREIGN		TRY? 8	9. BALTIMORE CITY OR COUN	
		II S A			TV ME
		11. NAME OF HOSPITAL, NU	JRSING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
RAI	TTMORE			(TYPE OF WORK FOR MOST OF WORKING	G LIFE) INDUSTRY
		OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)		
		Contraction of the			
			15. MOTHER'S MAIDEN N		AVENUE ZIZII
١,				WIDDLE	HENDERSON
_				ADDRESS	3222 6542 65 021
0		E WAR OR DATES)		OD 1501 OF TORON	
IVO				CE 1531 CLIPTON	AVENUE:  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one cause per line for (a), It		12 A (Perunell)	BETWEEN ONSET AND DEATH
	IMMEDIAT	TE CAUSE (o) MYPA	ocarcing office	and Cricialness	
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	couse (a), stating the underlying couse lost	DUE TO, OR AS A CONS	EOUENCE OF		
E		(c)			
z	PART 2 OTHER SIGNIFICANT	TOUDITIONS CONTRIBUTION	STO DEATH BUT NOT RELATED TO THE TEN	MINAL DISEASE OR CONDITION	GIVEN IN PART TO
ATIC	19a DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF	YES, WERE FINDINGS USED
된					PRIFYING CAUSES OF DEATH?
ERT	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU		
		ATRI			
음		21e PLACE OF INJURY	21f. LOCATION		
AE AE	WHILE NOT WHILE	(AT HOME STREET, FACTORY, O	FFICE, FARM ETC ) STREET	CITY OR TOWN	COUNTY STATE
		Prol) attended the decorated	1801	2 10 10 5	10 8 6 shot (1) (wa) last
	sow the deceased alive on	June 2		n death occurred on the date and	hour and from the couses stated
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50	Mund	OPP No	ATTENDING	MEDICAL STAFF	1 110/06
	THE PART OF ANYS NAME LIVER	DO DOINT)		☐ DIRECTOR ☐ PHYSICIAN D	6/10/06
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0.2	LUSSEII I	Towne	1110-126 1	TYNE JT.	
	SPECIEY)			CITY OR TOWN	COUNTY STATE
		1 6-11-86	MOUNT ZION		MARYLAND
	NAME	ADDI	RESS		ISTRAR'S SIGNATURE
MI	I.C.MARCH FUNER	AL HOME INC. 1	101 EAST NORTH AVE.	JUN 12 116 4M	4) Carolingan Al
	1. DEC(1) 7.0 BI (1) 8.0 BI (1) 8	- STATE REGISTRAR  1. DECEASED NAME (TYPE OR PRINT)  3. SEX  M  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  N.C.  10. CITY OR TOWN OF DEATH  BALTTIMORE  USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 113b. COUN  MARYLAND  14. FATHER'S NAME FIRST  HOUER  15b. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN)  18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA'  Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost  PART 2 OTHER SIGNIFICANT (O RESIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA  190. DATE OF OPERATION  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA 1 WORK AT WORK 270. I Certify that (I) (this hosp sow the deceased alive or obove, (I) (we) (tidd) (did no 272b. SIGNATURE  230. BURIAL, CREMATION, REMOVAL BURTAL  24. FUNERAL DIRECTOR NAME	1. DECEASED NAME FIRST MIDDLE  TO BIRTHPLACE (STATE OR FOREIGN TO LOUNIRY)  N. C.  10. BIRTHPLACE (STATE OR FOREIGN TO LOUNIRY)  N. C.  10. CITY OR TOWN OF DEATH TO LOUNING TO RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE THE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE TO LAS THE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE TO LAS THE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE TO LAS THE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE TO LAS THE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE TO LAS THE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE TO LAS THE NURSING HOME OF THE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE TO LAS THE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE TO LAS THE NURSING HOME OF THE NURSING HOME OR OTHER THE NURSING HOME OR OTHER TO LAS THE NURSING HOME OR OTHER TO LAS THE NURSING HOME OR OTHER HOME	DEPARTMENT OF HEALTH AND MENTAL HY REGISTRAR  1. DECEASED NAME (INTER OR PRINT)  3. SEX  M  B  STATE  ROBERT  ALLEN  B  S. DATE OF BIRTH MONTH DAY  T. STATE  MARRIED  MODOWED  DIVORCED  U.S.A.  WIDOWED  DIVORCED  IN NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT SUCH ARCHIV, ONE SIREET ADMS)  MARYLAND  RAYLAND   SERGISTAR	

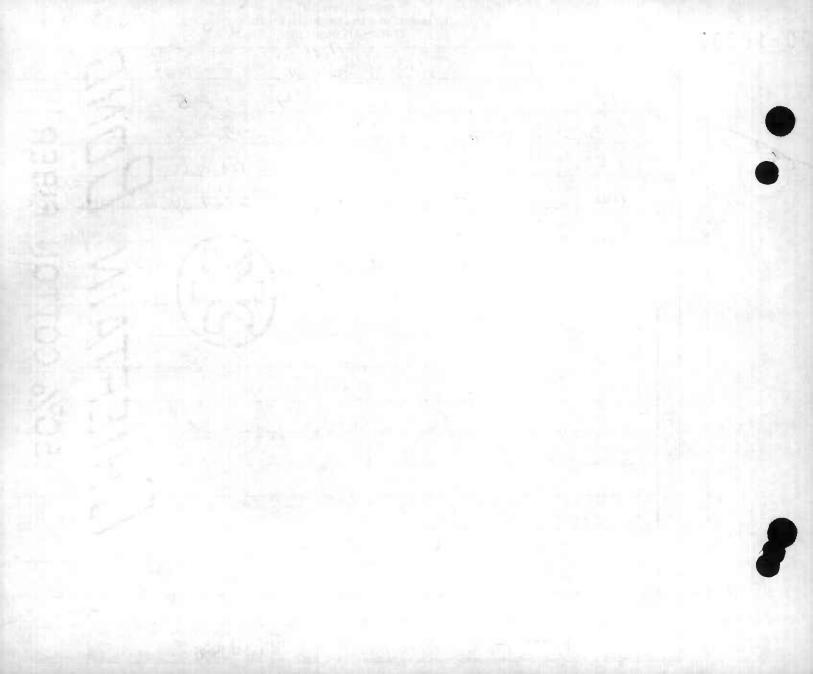
Russial F. Deline Day 22 6 818+ 57 THE PARK STATE OF

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CERTIFICATE #86-16886



	STATE OF MARTLAND					1 0 2 1
0 10005	FOR 1 - STATE PECISTRAP		DE	PARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 0	6001
0-10905		REGISTRAR		PIL	REG. NO.	
m.e		CEASED NAME FIRST	MIDDLE	() A LAST CETKINS	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
oge death		Jan	nes	TOLUKIMA Sr.	6/2	8 86 2.00
y of g	3 SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHE AT	UNDER 1 YEAR IF UNDER 24 HRS
offe.		(r).	15	MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
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75 397		RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COU	MARRIED A NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
		S.C	USA	WIDOWED DIVORCED	Balti	cet MD.
A TO	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	176. KIND OF BUSINESS OR
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sely than	14. F/	THER'S NAME	1.00	15 MOTHER'S MAIDEN N		cage cae 1100
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75 - 4 / 2		URIAL, CREMATION, REMOVAL		230 NAME OF CEMETERY OR CREMATOR		
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, and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 6/20/86 Baltimore Howard Meadowridge Mem Park 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR & SIGNAL 24 FUNERAL DIRECTOR 4001 Ritchie Hgwy Balto Md George J. Gonce

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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20. DATE OF DEATH MONTH

DHMH - 16 60M 7/84 (VRA 15, 4)

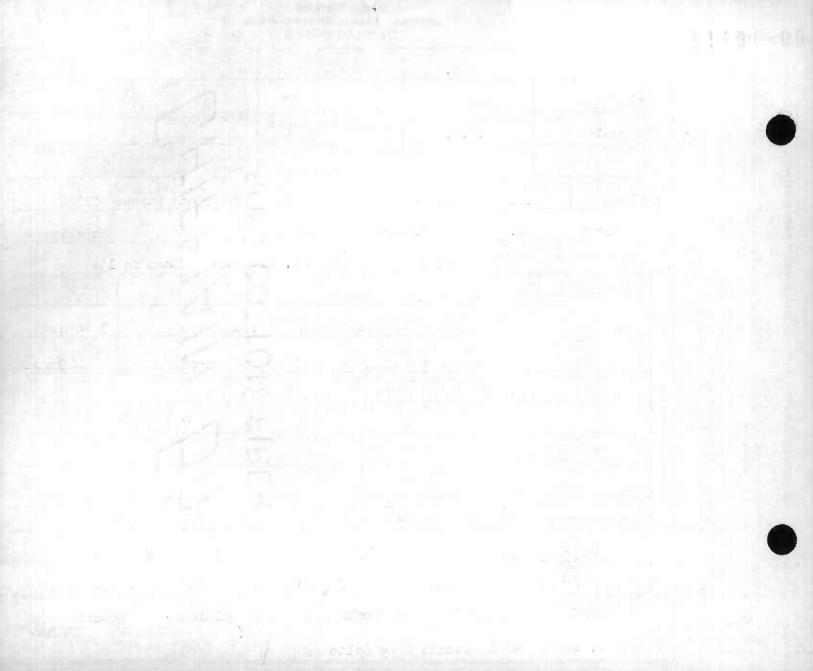
FOR

REGISTRAR

FIRST

1. DECEASED NAME

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11003	I. DE	REGISTRAR CEASED NAME FIRST	WIDDLE	CERTIFICATE OF DEATH	REG. NO.  20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
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	3. SE.		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN
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ecuted within	14 F/	Joseph Petti	MIDDLE LAST	15 MOTHER'S MAIDEN NA Rosetta I	
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been signed by the attendin mit. Then please remove carb prior to burial, cremation, or any injury, or other troumatic	NTION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (		ENCE OF	WINAL DISEASE OR CONDITION GIVEN IN PART 1101  1200 AUTOPSY? 1200. IF YES, WERE FINDINGS USED
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JO OE		saw the deceased alive on	atal attended the deceased from	, and that in (my) (our) prinian	death occurred on the date and hour and from the causes stated
AL OR ATTEN  7 the hospitol  AL DIRECTOR: detached for us  11 E frem 21 is		1226. SIGNATURE	Ortun "	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF X 630/81
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7 5 F 2 3 3	6	BURIAL, CREMATION, REMOVAL SPECIFY)	1 1 1	NAME OF CEMETERY OR CREMATORY  Thutus	23d LOCATION COUNTY STATE Balto Md.
IMH-16 60M 1/73	24 FI	UNERAL DIRECTOR	ADDRESS	250 DA1	TE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
(VR A 15 (4))	1	. Wainwright	2700 Famonds	on A   .!!!	1 1986

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FOR STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REGISTRAR					REG. NO	D.	
	DECEASED NAME FIRST	WIDDLE		LAST		20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
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1	N.C.	USA	WIDOW	V	ORCED	Baltimo	re City	MD
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	SUAL RESIDENCE HE NURSING HOME O 30 STATE 136 COU		NWC	13d INSIDE CI	TY LIMITS?	13e.STREET ADDRESS /	ZIP CODE n Court 212	201
14	FATHER'S NAME	Daton	1010	15 MOTHER'S			ii court ZIA	201
	Dallas	MIDDLE LAST	oore		IRS1	WIDDLE		LAST
16	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE	CURITY NO	17 INFORMAL	VĪ	ADDRE	SS	
	(YES, NO OR UNKNOWN) (IF YES, GI	219-14	-1554	Clinto	n Pett	iford 1105	N Monroe	Street
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	PART I. DEATH WAS CAUS			hemorr	hage		DETWE	N ONSET AND DEATH
MOLTA	PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	ODUE TO, OR AS A CONSECTION  (c)  CONDITIONS CONTRIBUTING T	O DEATH BUT			INAL DISEASE OR CONE	20b. IF YES, WERE FINE	DINGS USED
						YES NOXX	IN CERTIFYING CAUS	ES OF DEATH?
N IN	2]q. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	^!"	DAY YEAR	21c. HOW IN.	URY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2	)
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		oftended the deceased from June 23  The view the body after death.		22 nd that in <b>不不</b> ) (		6 , to June death accurred on the do	23 19 86 te and have and from 1	, that <b>(we)</b> last ne causes stated
	22d PHYSICIAN'S NAME (1) PE	DR PRINTI	n M		TENDING HYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F	te signed me 23/98
		ner Hogan, M.D.				and General	Hospital	
23	Be BURIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION	COURT	CTA1*
	(SPECIFY) Burial	6/26/86	Cedar H	dill Ce	emetery	Anne A	rundel Co	MD

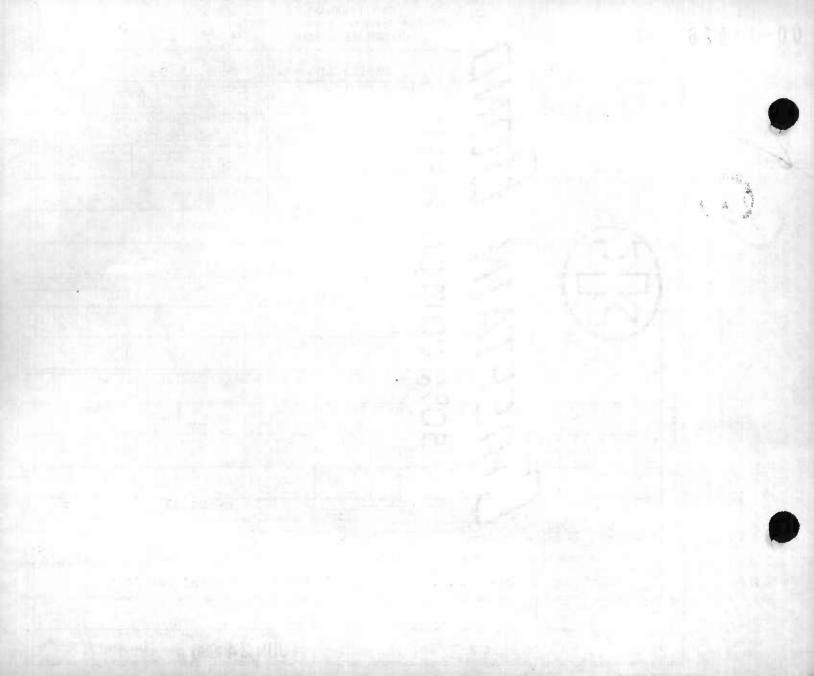
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24 FUNERAL DIRECTOR

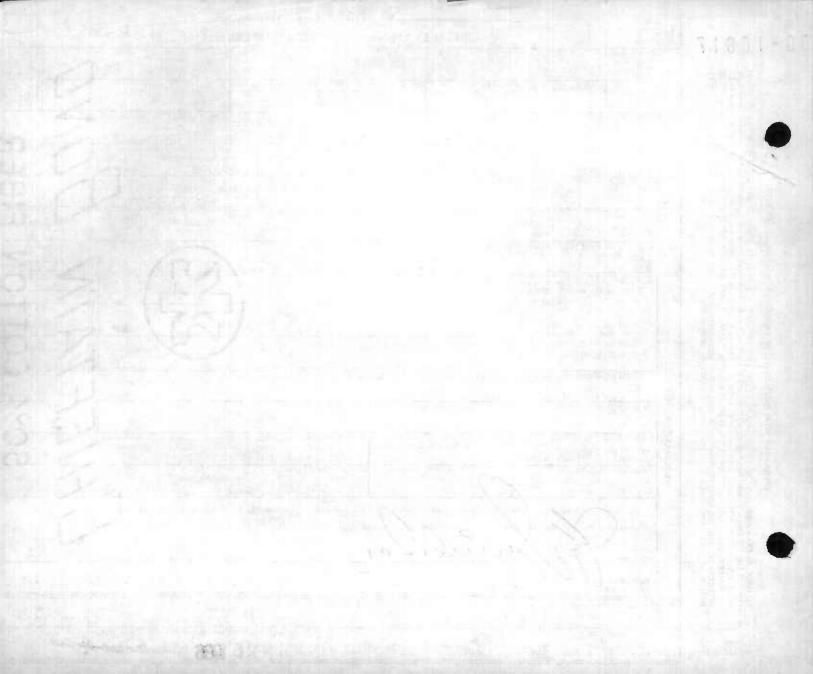
March Funeral Home West 4300 Wabash Avenue

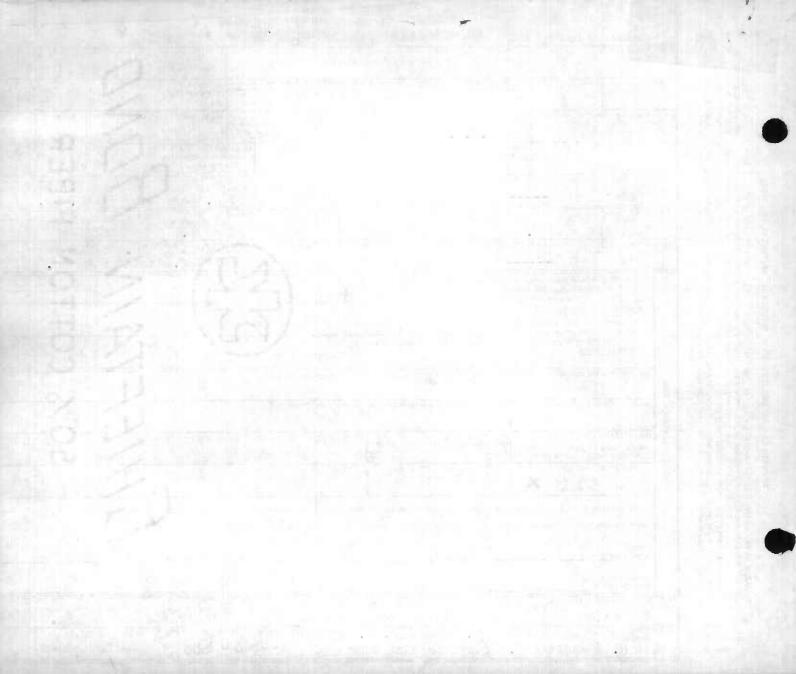
Cemetery Anne Arundel

JUN 24 1986



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN X 2h HOUR (TYPE OR PRINT) OF 1986 DEATH MATED 6-20 Pettis Tyrone R. 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR 2d HOUR 3 SEX S. DATE OF BIRTH IF UNDER 24 HRS DATE 11:07 YEAR LAST BIRTHDAY) PRONOUNCED DEAD 1986 M 77 9 D. M X 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. MARYT AND DIVORCED Baltimore City IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) University Hospital Student School Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIO 21201 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 13h COUNTY MARYLAND BATTTMORE YESX 755 WEST LEXINGTON STREET 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE DONALD PETTIS ROSETTA BAILEY 7 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) N/A UNK. VIOLA BAILEY/DONALD PETTIS 831 E.CHASE 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Drowning IMMEDIATE CAUSE (a)_ DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 Blunt injuries and binding of arms and legs 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE USED DEPARTMENT OF HE 11 PRIOR TO BURIAL YES XX NO 210 EXTERNAL CAUSE WAS 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR Victim of child abuse ? P.M. 6 - 2010 86 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211 LOCATION 21d. INJURY OCCURRED NOT WHILE FACTORY, FARM, ETC. 755 W. Lexington St., Balto., Md. Home AT WORK AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 Autapsy XX ins described above, held Inspection loquiry and in my opinion Hamicide XX Undetermined monner TITLE (SPECIFY) ACTUAL DATE 6-21-86 Chief SIGNATURE MEDICAL EXAMINER 111 Penn St., Balto., Md. 21201 John B. Smialek, M.D. 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY BURIAL 6-26-86 DULANEY VALLEY MEMORIAL 07/84 BP 25M 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE whie Devidon Aprilate **DHMH - 17** WM.C.MARCH F/H INC. 1101 EAST NORTH AVENUE (VR A15 ME (5))





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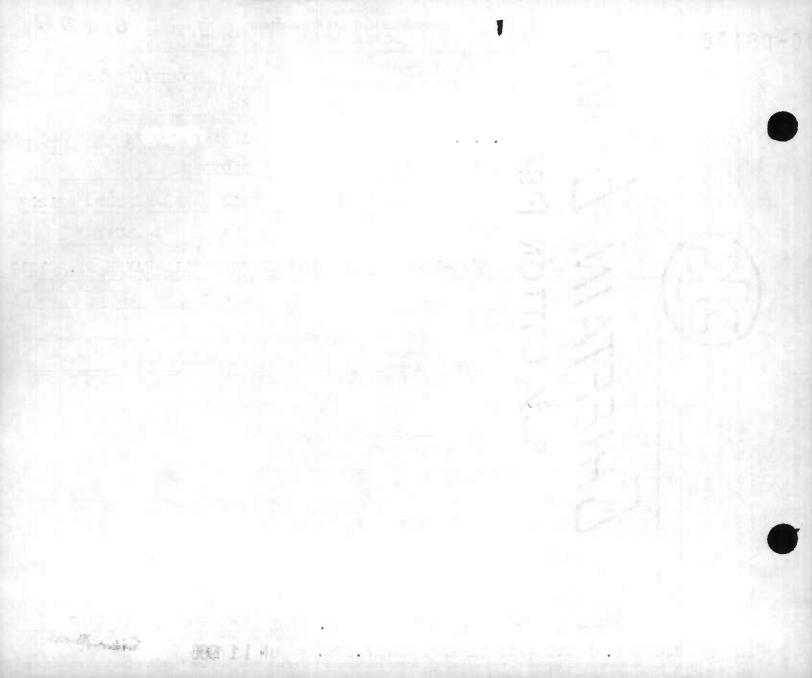
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20 DATE OF DEATH TYPE OR PRINT ROSE PTAZZA 10 86 4. RACE 5 DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY! IF UNDER TYEAR IF UNDER 24 HRS White Female 1907 To BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Baltimore City WIDOWED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR INTEREST OF WORKING LIFE INDUSTRY CALVENT St. Agnes Hospital Baltimore Assembly Line Worker- Distillary 13a STATE 13b COUNTY Baltimore 136 INSIDE CITY LIMITS? 300 Marydell Road Maruland 21229 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Vincent MIDDLE Serio Consetta Popora 160. WAS DECEASED EVER INJU.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 21043 9404 Parsley Drive Ellicott City, MD NO OR UNKNOWN LIE YES, GIVE WAR OR DATEST 215-03-7884A Theresa M. Sarchiapone CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) APPROXIMATE INTERVAL PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CONSEQUENCE OF nall x large bowe Canditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 QUINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 190 DATE OF OPERATION 496 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOP 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC ) STREET CITY OR TOWN COUNTY STATE WHILE D NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fro (aur) opinion death occurred an the date and hour and from the couses stated DEGREE 22L DATE SIGNED Felleam ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22d. PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS d b mo . Baltimore . MI 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY Entombment 6/14/86 Loudon Park Mausoleum Baltimore Maryland Leroy M. & Russell C. Witzker Funeral Homes P.A. DATE REC'D BY REGISTRAR'S SIGNATURE 1630 Edmondson Avenue, Catonsville, MD. 21228 DHMH - 16 60M 7/84 (VRA 15, 4)

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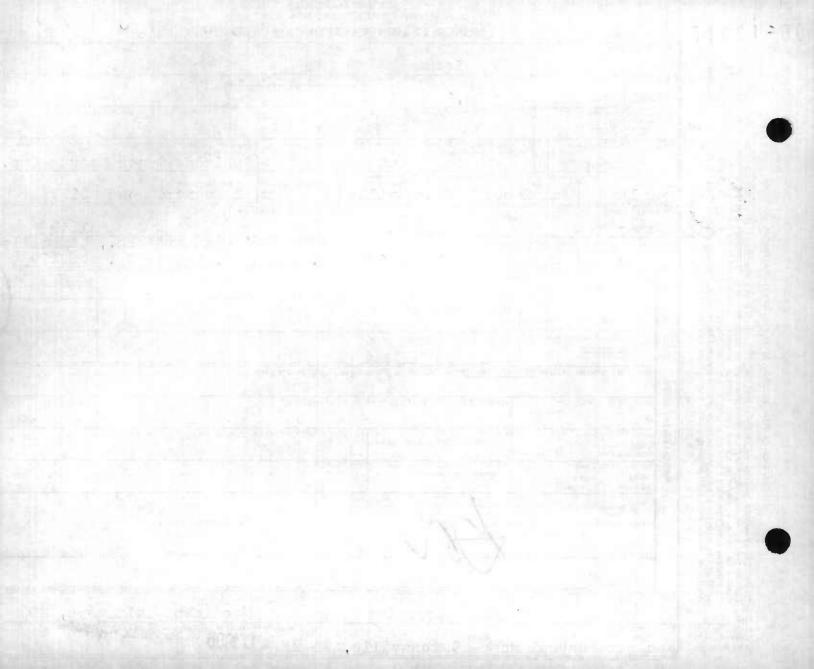
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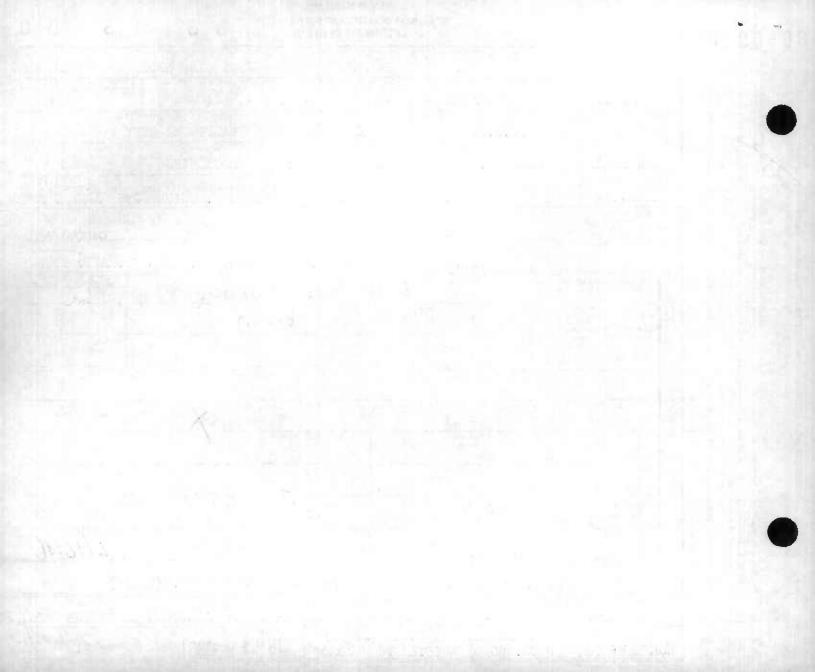


1	STATE OF MARYLAND
	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
1 244	REGISTRAR CERTIFICATE OF DEATH REG. NO.
	DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
page 3	HENRY PITTS Sr 62886 72 pm
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5 3	George T. Pitts Mary L. Carr
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of t	tax. the decreased aline as, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (If two folial idid not one of the page after death.
Dept F hen	22b. SIGNATURE DEGREE 22c. DATE SIGNED
÷ 6)	ATTENDING MEDICAL STAFF PHYSICIAN   DIRECTOR   PHYSICIAN   6/2 P/56
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- 16 60M 7/B4	FUNERAL DIRECTOR  250 DATE REC'D. BY REGISTRAR'S SIGNATURE  APPRESS.
VRA 15, 4)	March Funeral Home West 4300 Wabash Avenue

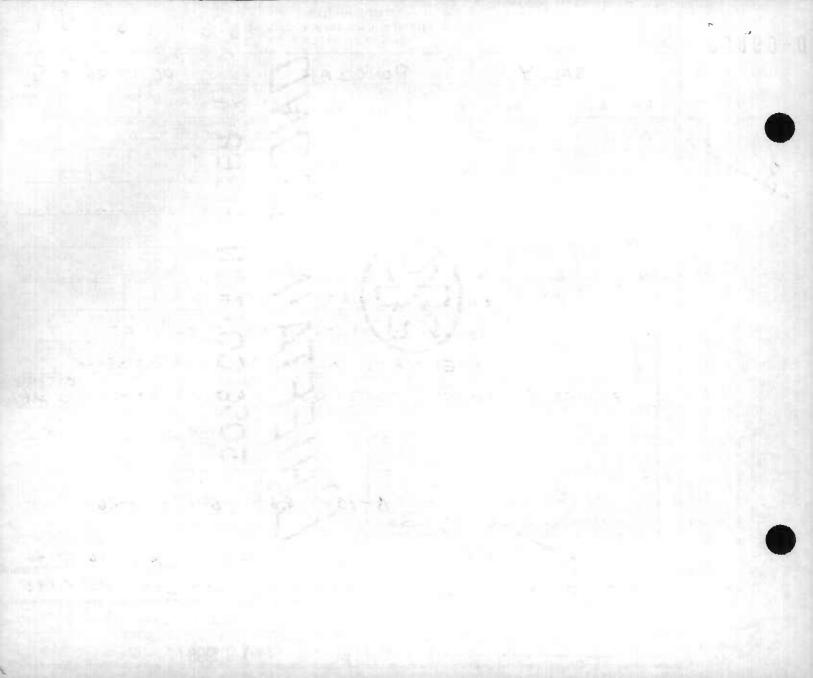
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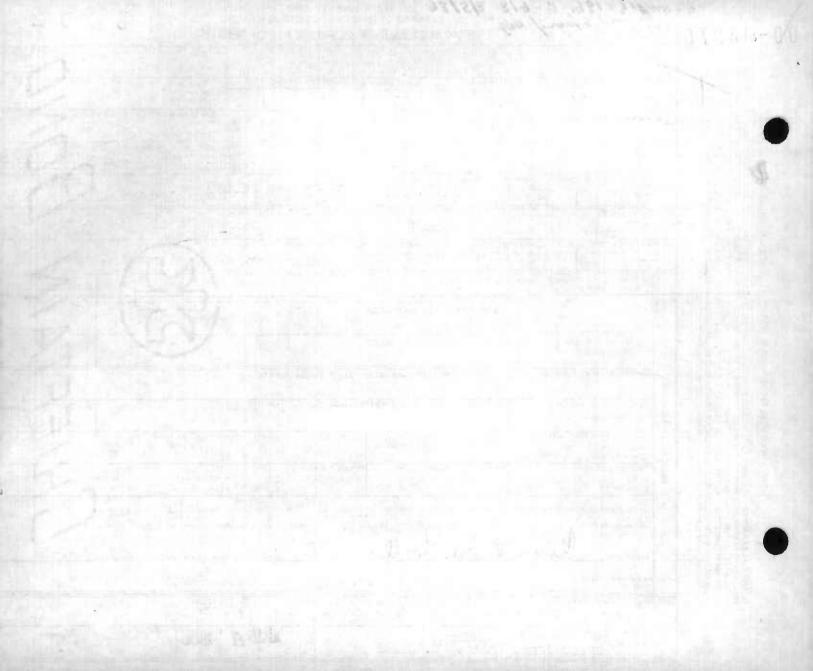
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Ŋ	E, WRITINGER WARDED PAGE 3 SI STATE DEP	¥	WHILE AT WORK	NOT WHILE	STREET, FAC	CTORY, FARM,	,ETC )	STR	EET		-16	CITY OR TOWN		COUNTY		STATE
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	TO MEDICAL EXAL EXECUTE THE CERT PAGE A SHOULD TO FUNEAL DIRE AFTER DEATH, WIT BALTIMORE MARY		EXAMINER (TYPE OR P	S NAME	Margarita	A. K	orell,M	I.D. AI	DDRESS	111	Penn	Stree	et			
	DA TA TA A	23a.B	URIAL, CREM	MATION, REMOVAL	236 DATE		NAME OF CEA				23d. LOC			COUNTY	.5	LALE
07/84 25M	BP///	100	Buria		6/5/86		eadowri	.dge M	em. I	Park		ltimore				ld.
23M	DHMH - 17 (VR A15 ME (5))	74 F	Schim 3331	unek Fune Brehms L	ral Home,	Inc.	. 21213	•		250. D	N 48YF	SCO 21	REGISTI	RAR'S SIGN	VATURE	Ken



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STATE OF MARYLAND

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FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

S REG. NO.

JUN 23 1986 Juna Davidson-Manghassan

Female    ADAT   TEAR	≈21206 wn
Female    Total   Tota	MD. BUSINESS OR
Temale   While   4 20 90   YRS	MD. BUSINESS OR  21206,
To BIRTHPLACE (STATE OR FOREIGN COUNTRY OF WHAT COUNTRY?   B MARRIED   NEVER	≈21206 wn
West Virginia  10 CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120 USUAL CCUPATION (IT POF WORK FOR MOST OF WORKING LIFE)  121 USUAL CCUPATION (IT POF WORK FOR MOST OF WORKING LIFE)  122 USUAL CCUPATION (IT POF WORK FOR MOST OF WORKING LIFE)  123 USUAL CCUPATION (IT POF WORK FOR MOST OF WORKING LIFE)  124 USUAL CCUPATION (IT POF WORK FOR MOST OF WORKING LIFE)  125 USUAL CCUPATION (IT POF WORK FOR MOST OF WORKING LIFE)  126 USUAL CCUPATION (IT POF WORK FOR MOST OF WORKING LIFE)  127 USUAL CCUPATION (IT POF WORK FOR MOST OF WORKING LIFE)  128 USUAL CCUPATION (IT POF WORK FOR MOST OF WORKING LIFE)  129 USUAL CCUPATION (IT POF WORK FOR MOST OF WORKING LIFE)  120 USUAL CCUPATION (IT POF WORK FOR MOST OF WORKING LIFE)  120 USUAL CCUPATION (IT POF WORK FOR MOST OF WORKING LIFE)  120 USUAL CCUPATION (IT POF OF WORK FOR MOST OF WORKING LIFE)  120 USUAL CCUPATION (IT POF WORK FOR MOST OF WORKING LIFE)  120 USUAL CCUPATION (IT POF WORK FOR MOST OF WORK FOR	≈21206 wn
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Subject   Subj	wn
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  130. COUNTY  131. CITY OR TOWN  131. CITY OR TOWN  132. CITY OR TOWN  132. CITY OR TOWN  133. STATE  134. STATE  135. MO   136. INSIDE CITY LIMITS?  136. STREET ADDRESS / ZIP CODE  YES NO   137. MOTHER'S MAIDEN NAME  FIRST  NOT Known  14. FATHER'S JAME  FIRST  NOT KNOWN  15. MOTHER'S MAIDEN NAME  FIRST  SUBAN  NOT KNO  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  16. SOCIAL SECURITY NO.  220-12-9114  17. INFORMANT  ADDRESS  220-12-9114  18. CAUSE OF DEATH LEnter only one cause per line for Ica; (b), and Ical  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  REPROXIMAL  BETWEENON  STREET ADDRESS / ZIP CODE  YES NO   136. INSIDE CITY LIMITS?  YES NO   137. MOTHER'S MAIDEN NAME  FIRST  MIDDLE  18. MOTHER'S MAIDEN NAME  FIRST  MIDDLE  NO TROM  APPROXIMAL  APPROXIMAL  BETWEENON  BETWEENON  BETWEENON	wn
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160 WAS DECEASED EVER IN U.S. ARMED FORCES? (160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (150 SOCIAL SECURITY NO.	21206
18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respectation are carried array.	21206
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Conditions, if any, which ( 16) accepte gastro in lastine terrorriege The	day
gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF	/
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190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)	- 33 - 50
196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDING IN CERTIFYING CAUSES O	
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J. J. Like M.D., 1900E. Northern Parker my Baltimore M	102/239
23a BURIAL, CREMATION, REMOVAL (SPECIFT)  Burial Jun 24 1986  Gardens of Faith  23c. NAME OF CEMETERY OR CREMATORY (SPECIFT)  Burial Jun 24 1986  Gardens of Faith  Baltimore Mary	STATE
Burial Jun 24 1986 Gardens of Faith Baltimore Mary  24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE	Talla
Leonard J. Ruck, Inc. Baltimore, Maryland JUN 23 1086 June Daylon-16	

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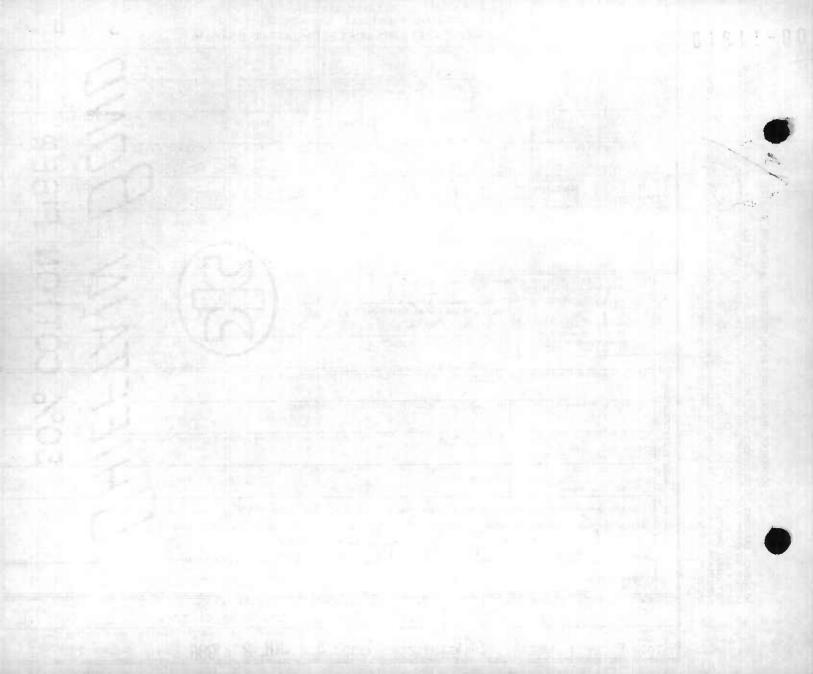
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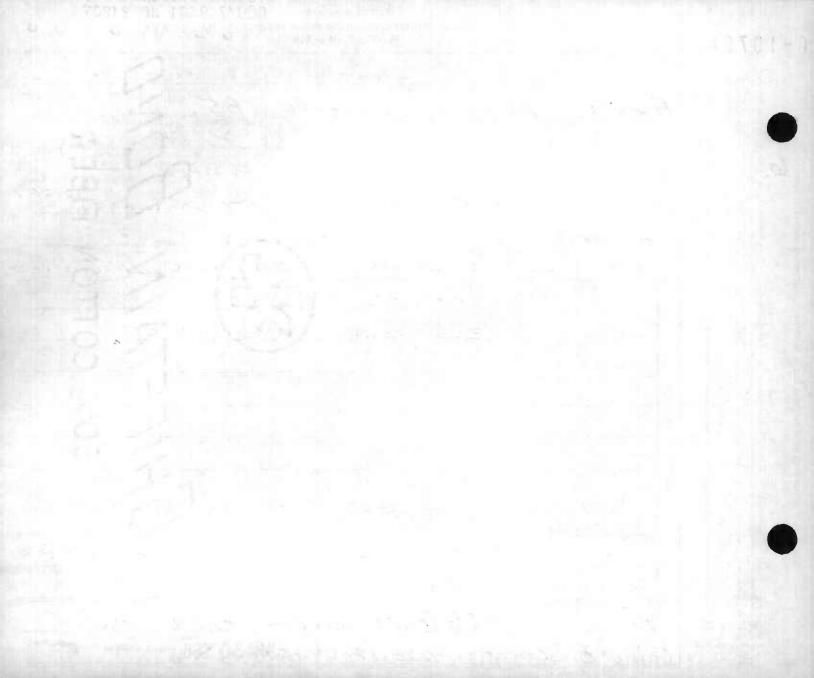
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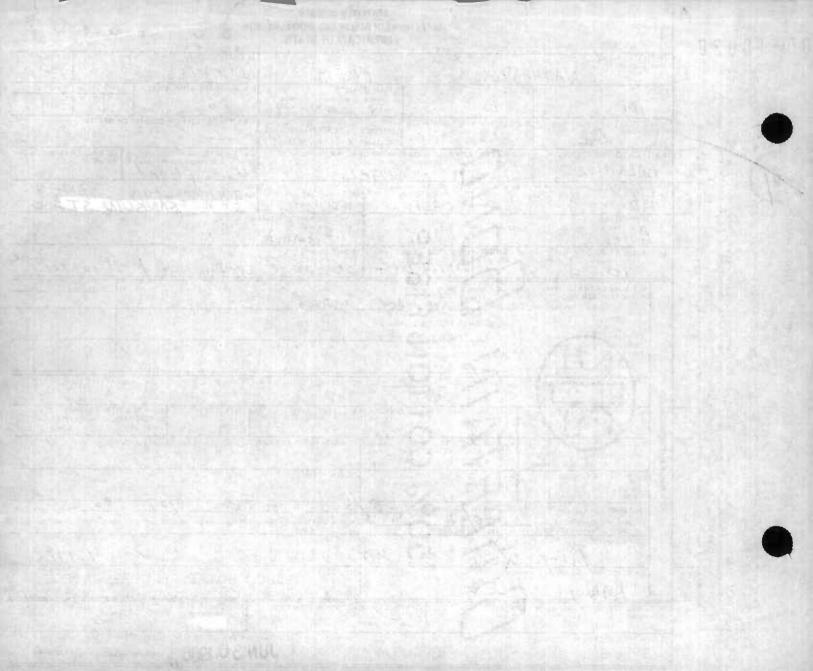
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST O. DATE KNOWN (TYPE OR PRINT) ESTI-Edward Powell DEATH MATED XX 19 86 SEX 4. RACE 5. DATE OF BIRTH AGE UN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2c DATE 2d. HOUR MONTH YEAR LAST BIRTHDAY) PRONOUNCED 4:15 **Black** 23 male 39 46 DEAD 19 86 YRS 7g. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRYS Maryland U.S.A. Baltimore City, WIDOWED DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY rear of 1000 blk. N. Kresson St. UNEMPLOYED Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21231 3a STATE 13h COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore YESXX 201 N. Broadway Apt. 11G NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Powe 11 MIDDLE Curtine Dorothy Young 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS DIVISION (YES, NO, OR UNKNOWN) 216-36-1295 Joan Graves 3923 Stokes Drive 1st Floor 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Ethanolism IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT AND MENTAL HY Candilians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. OF HEALTH AND DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g FORWARDED TO THE CHIEF N TOR: PAGE 3 SHOULD BE USED I THE STATE DEPARTMENT OF HEA AND, 21201 PRIGR TO BURIAL, ( 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO XX 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK AT WORK CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR IT OF FUNEAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 Inspection XX 22s I certify that I took charge of the remains described above, held an Autopsy and in my apinian Natural causes XX Accident Hamicide Undetermined manner ACTUAL Assistant MEDICAL EXAMINER DATE 6-28-86 SIGNATURE EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 236 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIAL COUNTY Md. 7/2/86 Eastview Memorial Park Baltimore, 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 March Funeral HOmes 1101 East North Avenue I who Davidson- Mandalle (VR A15 ME (5))



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0 1		m £		CEASED NAME FIRST OR PRINT)	MIDDLE			DAY YEAR 26 HOUR
	oy b	9	3 SE	Marth	I RACE S. DATE OF I	777	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	ge 4 m	offer.	F	emale	Negroid 5. DATE OF	28-86	85 YRS.	MONTHS DAYS HOURS MIN.
	oth. Po	15-35	7a. B	RTHPLACE ISTATE OR FOREIGN (COUNTY)	CITIZEN OF WHAT COUNTRY? 8. MARRIED (WIDOWED)	NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
=6	ofter de	1149	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR INDUSTRY
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	ne low	t permit ene prior ows ony is	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \( \text{NO} \)
VITA	N. T	Hygi 8 sh	GE	21a ACCIDENT WAS UNDERLYING		TIC HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 P	
40	SICIA 19 pt	certification in the last	CAL	OR CONTRIBUTING CAUSE OF DEA	P.M. 19			
DIVISION OF VITAL	IG PHYS!	s the bu	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)	TI LOCATION STREET	CITY OR TOWN	COUNTY STATE
۵	107 07	R. Af use o leoth		220.1 certify that in (this hospi	ol) attended the deceased from	5 19 86	, to (-28	19 8 6, that (II (Ve) lost
	R ATTEN hospitol	of H		sow the deceased alive on above, (1) (we) (did) (did no	view the body offer death.	that in (my) (aur) opinion de	oth accurred on the date and hou	and from the couses stated
	the ho	DIRE ochec Dept If Item		27b. SIGNATURE	intra l Mi	GREE ATTENDING	MEDICAL STAFF	DATE SIGNED
	Q.	State det	-	226 PHYSICIAN'S NAME (TYPE O	PRINT)	PHYSICIAN [	DIRECTOR PHYSICIAN	16/20/00
	HOSPIT orned by	should be deto with the State		RUPAK	G. MITRA.			
	O of of	7 € 3 ₹ <del></del>	23a.	BURIAL, CREMATION, REMOVAL	236. DATE 231. NAME OF CEM	METERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	BP.			Durial	7-3-86 Balto.	Nat2 Lem	Balto.	m.
		- 16 60M 7/B4	24 F	UNERAL DIRECTOR	ruggs 14/12Eif	Pes des 518	N 30 1986 Juhan	RAR'S SIGNATURE
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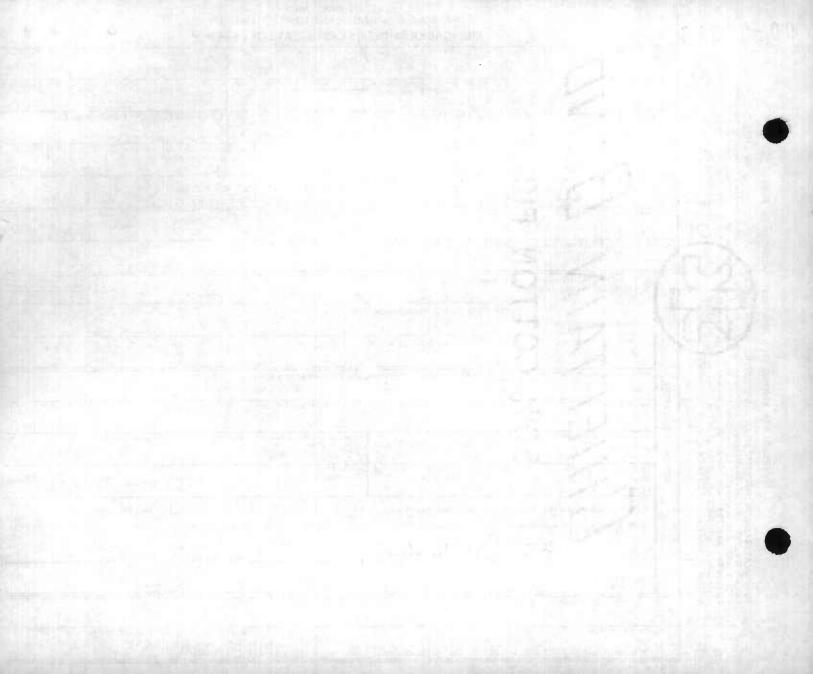


						STATE	OF MARYLAND				
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ARY	with with	5	I4 FA	HER'S NAME	WIDDLE O .	AST	FIRST		WIDDLE		LAST
¥,	om Comp	933	F- 10/	TILEN AS DECEASED EVER IN U.S. AR	MED EODCESS THE SOCI	AL SECURITY NO.	17 INFORMANT	nie	ADDRE:	SS	
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SEC(	low is be ermit e prig	0	NO.	90 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	SES OF DEATH?
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	(VRA 15 4)	-	M	arch Funeral H	ome West 4300	Wabash A	venue	JUN	30 1986	jumphunguor-	-Nordalin



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-0854 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-SSARY, PLEASE DIRECTOR. JR FILES. HIL 72 HOURS ADRIAN

S DATE OF BIRTH PRESIDENT 4 RACE 3 SEX AGE (IN YEARS IE UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE MONTH YEAR LAST BIRTHDAY PRONOUNCED DEAD 64 21 6-2-86 19 SAM M Th CITIZEN OF WHAT COUNTRY BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY MARYT AND WIDOWED DIVORCED U.S.A Baltimore City ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY 225 Street treet EXOUISTO FOOD SERVICE TI ADOLLISCUTO TO THURSING HOME OR O STATE 13h COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND YES T NO BALTTMORE 906 BEIGTAM AVE. 21218 BALTIMORE, MD. 14. EATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST LAST MIDDLE JOHN PRESIDENT EVELYN SHIPLEY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS DIVISION 218881684 EVELYN PRESIDENT 906 BELGIAN AVE 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple quishot wound's DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last DIVISION OF VITAL RECORDS, 201 BURIAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IR HEALTH CERTIFICATION USED AS 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: INIS CENTIFICATE WORD EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US A PAGE DEATH, WITH THE STATE DEPARTMENT OF BALTJMORE, MARYLAND, 21201 PRIOR TO BURN IN DEPARTMENT OF PRIOR TO BURIA YES K 210 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY UNDERLYING X OR subject shot P.M. 6-?-86 CONTRIBUTING CAUSE OF DEATH 2 le PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK Baltimore, Maryland street 223 Street Autopsy X 22a I certify that I took charge of the remains described above, held on Inspection Inquiry and in my apinion Homicide X deoth resulted from: Undetermined monner TITLE (SPECIFY) ACTUAL 6-2-86 DATE Assistant SIGNATURE EXAMINER'S NAME TYPE OR PRINT Korell M.D. ADDRESS 111 Penn Street Margarita A. 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) COUNTY STATE 6-6-86 07/B4 BP BURTAT. BALTIMORE BALTIMORE MARYT AND 24. FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** MARCH F/H INC. 1101 E.NORTH AVENUE (VR A15 ME (5))



			FOR			OF MARYLAND ALTH AND MENTAL	HYGIENE		0 0	0
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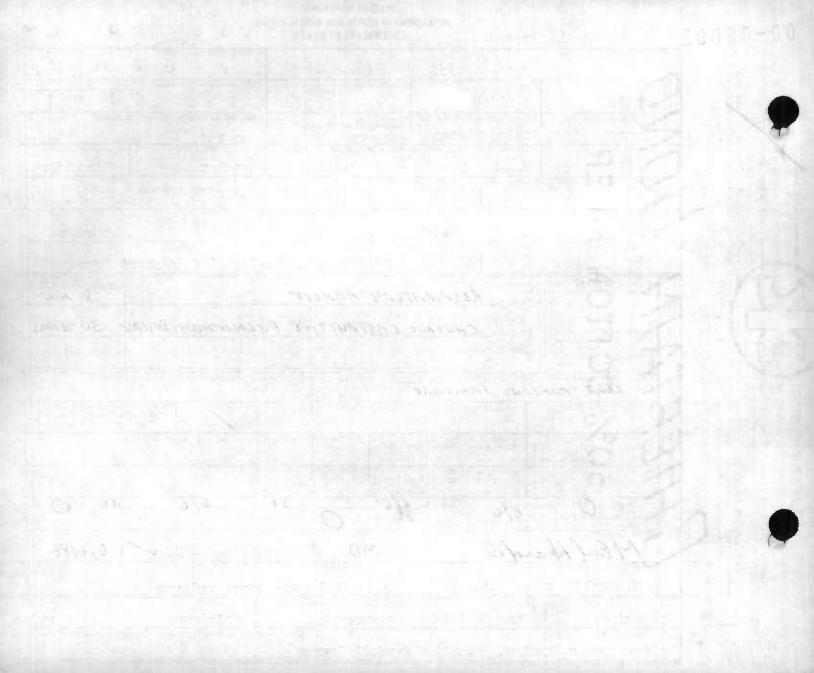


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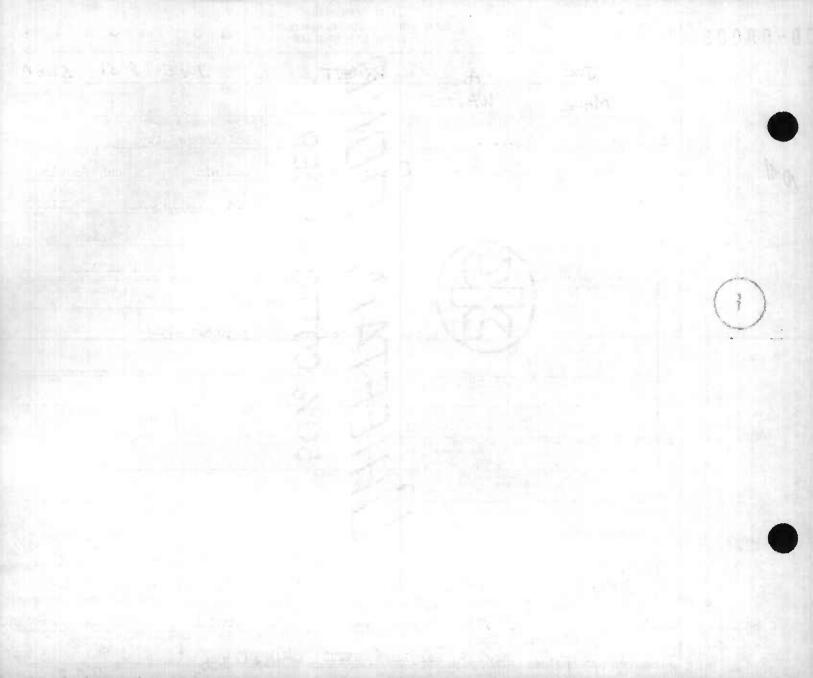
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH Q REGISTRAR I. DECEASED NAME FIRST 20 DATE KNOWN MONTH DAY 2b. HOUR TTYPE OR PRINT! ESTI-S FOR YOUR FILES. WITHIN 72 HOURS Andrew **JEROME** DEATH MATED 6 19 86 PRODEY 5. DATE OF BIRTH 3 SEX 4 RACE & AGE (IN YEARS | IF UNDER TYR IF UNDER 24 HRS 7d HOUR DATE LAST BIRTHDAY 8:50 PM PRONOUNCED Male White Dec. 21 64 19 86 DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland WIDOWED [ DIVORCED & Baltimore City F ANY DELAY IS N AND 3 TO THE FU RETAIN PAGE 5 HOULD BE FILED, ID CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Merchant Seaman OR INDUSTRY 3708 Gough St. Baltimore USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Gough St. 21224 Maryland 3708 YES X NO T 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Petro Anthony Prodev Augusta 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 21205 LYES, NO. OR UNKNOWNS I HE YES, GIVE WAR OR DATES 212-12-7267 Michael Etzel 808 N. Rose St. no CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 70 AUTOPSY? YES NO X 71a EXTERNAL CAUSE WAS 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED TIE PLACE OF INJURY LATHOME 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC. CITY OR TOWN COUNTY PAGE 4 SHOULD BE FORM
TO FUNERAL DIRECTOR PAFTER DEATH, WITH THE ST
BALTAMORE, MARYLAND Inspection X 22e. I certify that I took charge of the remains described above, held on Autopsy deoth resulted from: Natural causes Accident Homicide Undetermined monner TITLE (SPECIFY) **ACTUAL** Assistant MEDICAL EXAMINER DATE 6-8-86 SIGNATURE EXAMINER'S HAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) STATE Burial Oak Lawn Cemetery June Baltimore Md. 07/84 25M 74 FUNERAL DIRECTOR DHMH - 17 & Zeiler, Inc. 1901 Eastern Ave. (VR A15 ME (5))

STATE OF MARYLAND



09003	1.	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH					REG. NO.			1 4		
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TO HOSPITAL OR ATTENDING etoined by the hospital or of TO FUNERAL DIRECTOR Afti should be detoched for use as with the State Dept. of Health IMPORTANT: If them 21 is mort		22a. I certify that (I) (I) (I) saw the deceased obove, (I) (we) (did 22b. SIGNATURE 22d. PHYSICIAN'S NAN	his hospito olive on_ d) (did not)	view the body		19		DEGREE MD	ATTENDING PHYSICIAN C	MEDICAL	STAF	F IAN	22c. DATE	signed, 190
BP————————————————————————————————————		SURIAL, CREMATION, RESPECIFY)	MOVAL	23b DATE 6/11/		23c NA	ME OF C	EMETERY OR	CREMATORY of Jesus	23d LOCA			county	STATE _
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FI	UNERAL DIRECTOR DU		ick, In	C.	DORESS		21222	25a DATE	REC'D. BY RE		756 REGISTR	AR'S SIGNA	TURE



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Jell.		THER'S NAME FIRST Peter		Pulkrt			arbara		Cssta	
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hos beer permit ene prior	CERTIFICATION	19a. DATE OF OPERATIO	N 196 C	ONDITION FOR WHIC	CH OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERT	S, WERE FINDING FYING CAUSES O	SS USED OF DEATH?
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h ond M	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	CATHO	LACE OF INJURY DME STREET, FACTORY OFFICE	E, FARM, ETC )	211. LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
for use o of Health		220 t certify that (1) (the saw the deceased a above, (1) (we+(did)	olive an D &	106 19	A Z	d that in (my) (our) opinion	, to death occurred an t	he date and ho		at (I) (we) lost
be detached be detached e State Dept. TANT: If Item		22b. SIGNATURE	angny	en 14	uy !	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF HYSICIAN []	22c DATE SI	GNED 6
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		URIAL, CREMATION, REA SPECIFY) <b>Burial</b>	Jur	ne 10,1986	Most H	oly Redeemer	Bal tin		COUNTY Md.	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

Leonard J. Ruck Inc. Baltimore, Maryland

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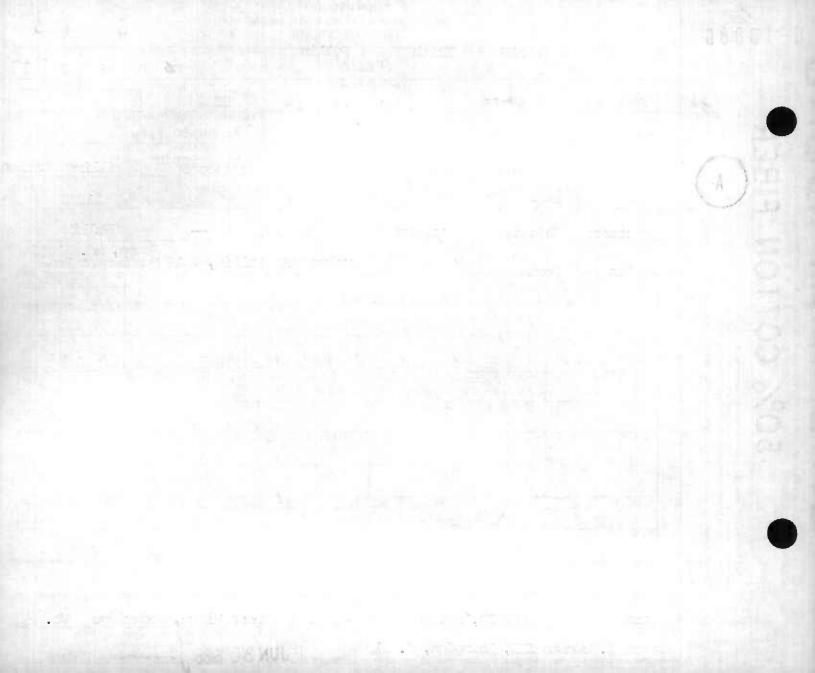
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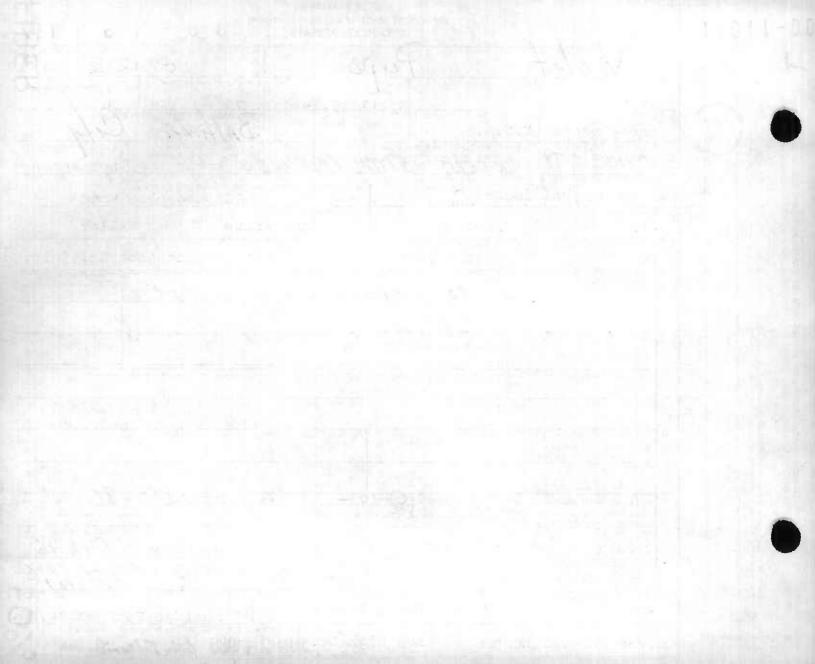
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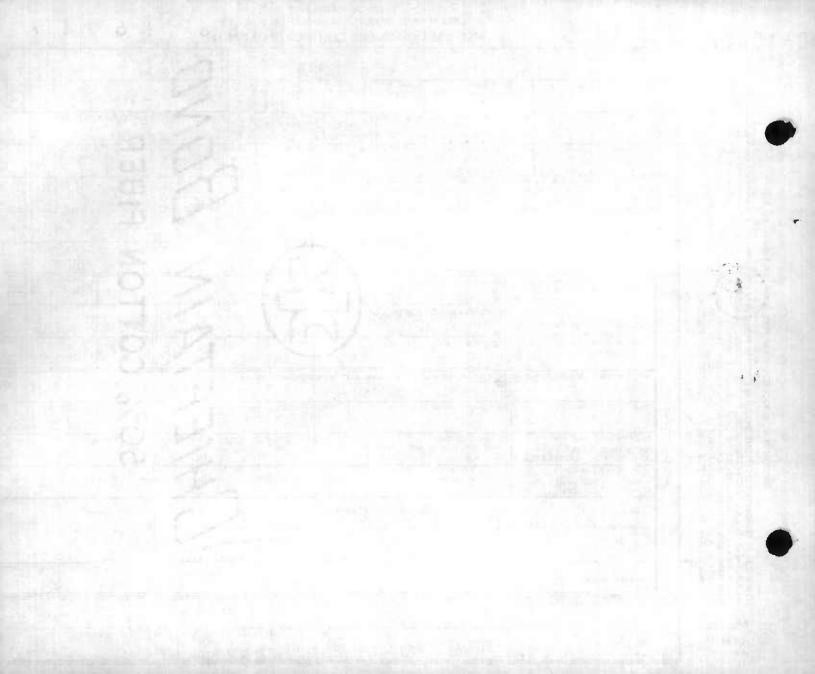
STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH . DECEASED NAME DAY YEAR 26 HOUR (TYPE OR PRINT) 8% 1. 5EX 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS MONTH HOURS Female White 15 .1910 April 9 BANIMORE CITY OR COUNTY OF PEATH BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Pennsylvania WIDOWED DIVORCED V I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND O INDUSTRY not known not known 130. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland 708 Magnolia Road NO [ Joppa 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Stenger MIDDLE Miller John not known ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 212-30-1993 Crawford Retreat, Dennison St., Balt. Md 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and it PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO I 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN HEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 214 INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an 19 86, and that in (my) (Dur) opinion death accurred on the date and have and Iram the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22h SIGNATURE DEGREE 22c DATE SIGNED MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 6-17-86 Green Lawn Cemetery Burial Cambridge, Dorchester, Md. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 ADDRES308 High St. Curran Funeral Home (VRA 15, 4)

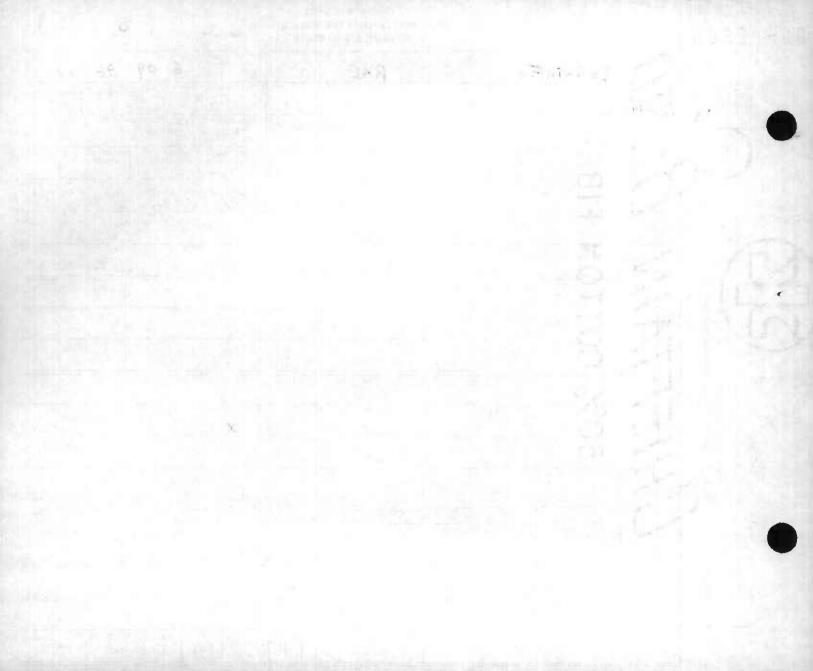


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN MONTH 2h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED X Radclifft 6-22 Surgeon 1986 3 SEX 4 RACE 5 DATE OF BIRTH AGE UN YEARS IF UNDER 1 YR IF UNDER 24 HRS 9:34 DATE YEAR LAST SIRTHDAY) DAYS HOURS PRONOUNCED DEAD 6-22 1986 4 10 76 D. M TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED X FOREIGN COUNTRY DIVORCED MARYI AND WIDOWED Baltimore City 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 112b KIND OF BUSINESS II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY BETH-STEEL Baltimore 2849 Booker Drive ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND 2849 BROOKER DRIV BALTIMORE YES X NO [ 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE THOMAS SURGEON RACHEL GRAYSON 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES! COX 107 LA RUE SOUARE SOUTH 213074956 MARLENE 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSI AND MENTAL H Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 USED AS A BOF HEALTH Diabetes Mellitus 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] KXXON EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BUI 21n EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE Inspection X 220. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinian death resulted from Undetermined manner Natural causes Homicide TITLE (SPECIFY) ACTUAL Assistant 6-23-86 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION BURIAL 6-28-86 **ARBUTUS ARBUTUS** MARYLAND 07/B4 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE DHMH - 17 WMC. MARCH F/H INC. 1101 EAST NORTH AVENUE (VR A15 ME (5))



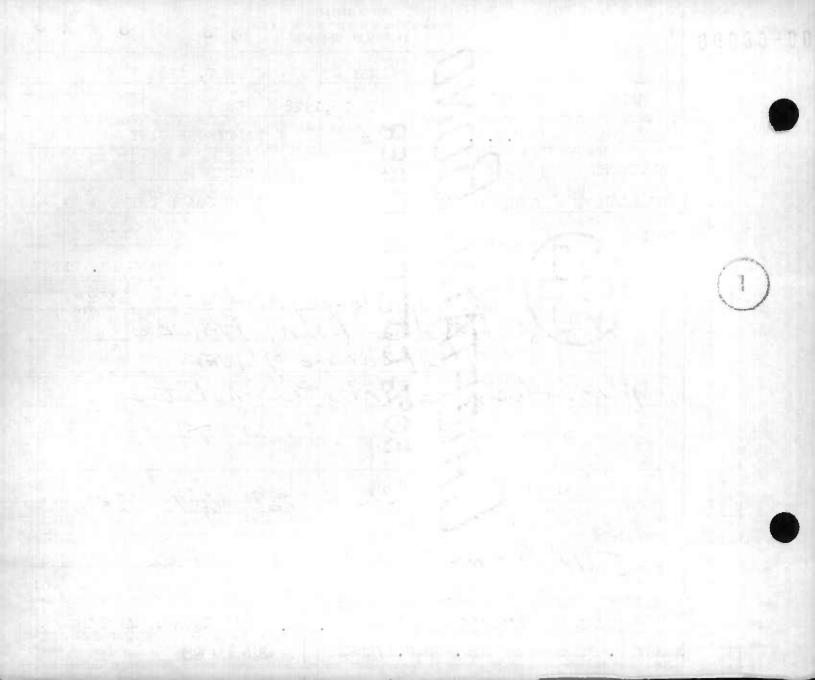
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DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	Singleton Fun	eral Hom	ne Glen	Burnie	, Marylan	a JUN	10		AR'S SIGNATU	A

		FOR	DED	STATE OF MARYLAND	CITAL A	4991
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IRECTOR hed for u ept. of H tem 21 is		22b. SIGNATURE:	of view the body after death.	DEGREE		22c. DATE SIGNED
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3P		Burial		King Memorial Park	Randallstown	COUNTY STATE MD
		JNERAL DIRECTOR	0/11/00		ATE REC'D. BY REGISTRAR 256. REGIST	
WH - 16 60M 7/84 (VRA 15, 4)	Mar	rch Funeral Hom	a West 4300 Wa	hash Avenue	N 13 1008 Willer	a support supplement
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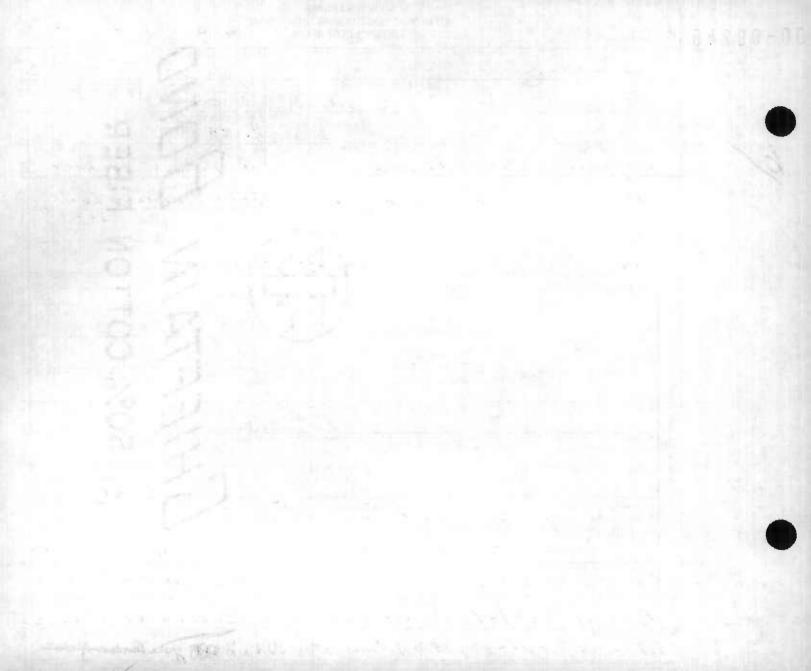


		1		STAT	E OF MARYLAND		
		١,	FOR - STATE	DEPARTMENT OF I	IEALTH AND MENTAL HYGIE	NE 🙀 💍	16922
	0.01	1	REGISTRAR	CERTII	ICATE OF DEATH	REG. NO.	
-	064		DECEASED NAME FIRST	BRETT LAWRENCE		DATE OF DEATH MO	ONTH DAY YEAR 26. HOUR
pe	poge 3	(1	7-0	BOUNETT LAWRENCE	RAFFEL	Jun	IE 25, 1986 2 PM
you you	o d a	3	SEX	A RACE S. DATE	J. D	AGE (IN YEARS LAST BIRTHD	AY) IF UNDER LYEAR IF UNDER 24 HRS
le 4	ector.		Male	White 6	123/86	0	YRS O 2 HOURS MIN.
	18	5 70	BIRTHPLACE (STATE	76 CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOW	D NEVER MARRIED	Balt. C	MD.
d	4117	10	CITY OR TOWN OF DEATH	TI. NAME OF HOSPITAL, NURSING HOME	OR OTHER INSTITUTION I	20. USUAL OCCUPATION	
1	2114	7	Baltimore	IN SUCH FACILITY, GIVE STREET ADDRESS)			NONE
		Ų:	UAL RESIDENCE	DIMER MENTITUTION GIVE RESIDENCE BEFORE ADMISSION)	AND ALGORE GIVE AND ALGORETH AN	NONE	30 0005
24 1	filled ould b	6	NEXT STATE	Bu Linore	13d INSIDE CITY LIMITS?	3e.SIREET ADDRESS / Z 6631 CHIPP	EWA DR. #21209
<u> </u>	> 5	14	FATHER'S NAME		15. MOTHER'S MAIDEN NAME		
d w	ond 2	3	Bruce	MIDDLE RAPIST	LISA	WIDDLE	PRËSS
i, soute	0	16	WAS DECEASED EVER IN U.S. AR		17. INFORMANT BRU	CE RAFFEDRESS	,
e e e	s. Poges		(IF YES, GIV	NONE NONE	6631 CHIPPE	WA DR. BA	LTO.,MD 21209
ote	<del>-</del>		18 CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b), and (c).)		- 1 S 1 S 1 S	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the of the	4 5 5 >			TE CAUSE (0) Hyper Faken	ria		1 day
2 8	nding corbo 1, or re			DUE TO, OR AS A CONSEQUENCE OF	,	1011	
deot	ortend ove co fion, o		Conditions, if ony, which	( 16) Metabolic a	eidosist rem	al feilure	Lolay
he s	the rem emo		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	4		
Not Not	by ose		underlying couse lost.	( Immatur	ty		Ldays
, 20	gned en plec burso rry, or			CONDITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMIN	IAL DISEASE OR CONDIT	ION GIVEN IN PART 110
eau near	The The	7					
3	O E d O	7 3	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED		NO. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
he he	te hos assit per giene					YES NO NO	YES NO
Ž	S 5 5 6 8		210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY I	NITEM TO PART I OR PART 2)
5 5	a pl	7 3	OR CONTRIBUTING CAUSE OF DEA	AIR			
HYS C	or A M	7	21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	CITY OR TOWN	COUNTY STATE
5 0	er the	1	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE, FARM, ETC.)	Janes.		
5 <u>Z</u>	or Aff		22a.l certify that (1) this hosp	utal attended the deceased from	2-3 19 86	_, to_ 6/75	, 1986 that (1) (we) lost
A B	TOR for u		sow the desposed blive on	uel attended the deceased from 6/25 of view the body after death.	nd that in (my lour) opinion de	oth occurred on the date	and hour and from the couses stated
√ a	DIREC DIREC Dept f frem		22b. SIGNATURE	The wife body offer deom.	DEGREE		22c DATE SIGNED
0			1 1/10 g	Lushan MD	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	ND 6/25-101
PITA	FUNERAL old be detended the Stote ORTANT: 1		224 PHI SICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS	,	1
HOSPIT	retained by the Foundation of the State of t	1	Julie G	rershon MD	Sinai Hospi	tal Palt	more, Md.
0	Sho Sho	23	BURIAL, CREMATION, REMOVAL		EMETERY OR CREMATORY	23d. LOCATION	
		13	(SPECIEV)			CITY OR TOWN	COUNTY STATE
	RP		BURIAL	JUNE 26,1986 MIKR	O KODESH-BETH ]	SRAEL BALT	'IMORE MARYLAND
	BP		BURIAL		INC. 250. DATE		'IMORE MARYLAND b. REGISTRAR'S SIGNATURE

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•	1			STATE OF MARYLAND		
09248	1	FOR STATE REGISTRAR		TOF HEALTH AND MENTAL HYGERTIFICATE OF DEATH	GIENE S C REG. NO.	6924
by be death death	\$ 19/F	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	S 86 1240
ge 4 mo ector po rs ofter c	3. SE	×	4 RACE B S.	DATE OF BIRTH  MONTH  DAY  TAR	6 AGE (IN YEARS LAST BIRTHDAY)  YRS.	MONTHS DAYS HOURS MI
1 13B	7n. 8	IRTHPLACE (STATE OR FOREIGN COUNTRY)	1 113/1	MARRIED NEVER MARRIED DIVORCED	BALTO CITY	Y OF DEATH
/ 138		BOUTUORE	11. NAME OF HOSPITAL, NURSING H	RESS)	120 USUAL OCCUPATION 1TYPE OF WORK FOR MOST OF WORKING 150 Mg my a 156 h	126. KIND OF BUSINESS INDUSTRY  AF HUME
	13a.	AL RESIDENCE (IF NURSING HOME OF STATE	NIY DICTION GIVE RESIDENCE BEFORE ADM	13d INSIDE CITY LIMITS?	3000 VINEY	
mpletely odd 2 sh		ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	3,2,16
Page 1		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY	(NO. 17 INFORMANT CHARLES B	DEELING	
physicio npopers. moval.		PART I. DEATH WAS CAUSE	nly ane cause per line tar (a), (b), and (c) D BY: TE CAUSE (a)	POLICIARY	ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
that the death of d by the attendir		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE (c)	E OF	euro Airosi	
ow requires the been signe rmit. Then p prior to bur ony injury,	CERTIFICATION	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO DEA		20a AUTOPSY? 20b. IF Y	IVEN IN PART 1 0  ES, WERE FINDINGS USED  IFYING CAUSES OF DEATH?
hysicion icate h icate i i i i i i i i i i i i i i i i i i i		210, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY	YEAR	RED (ENTER NATURE OF INJURY IN ITEM TE	PART I OR PART 2)
G PHYSICIA er this certif the burial- and Mental ked ar ttem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FARM.	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
R ATTENDIN Propried or a RECTOR: After the for use as ppt. of Health tem 21 is mor		220.1 certify that (1) (this haspi	tal) attended the deceased from	and that in (my) (aur) apinian	death accurred an the date and ha	, 19 that (II (we)
0 0 0 0 0 0		226. SIGNATURE MIZE	WH WEN UD	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be det with the State IMPORTANT:		220. PHYSICIAN'S NAME (TYPE OF	WCESS	22 So G	new Stant	- BUID, WF
BP	23a	BURIAL, CREMATION, REMOVAL	236 DATE 236 NAN	NE OF CEMETERY OR CREMATORY	By Crayne	LE COUNTY D 2 , STATE
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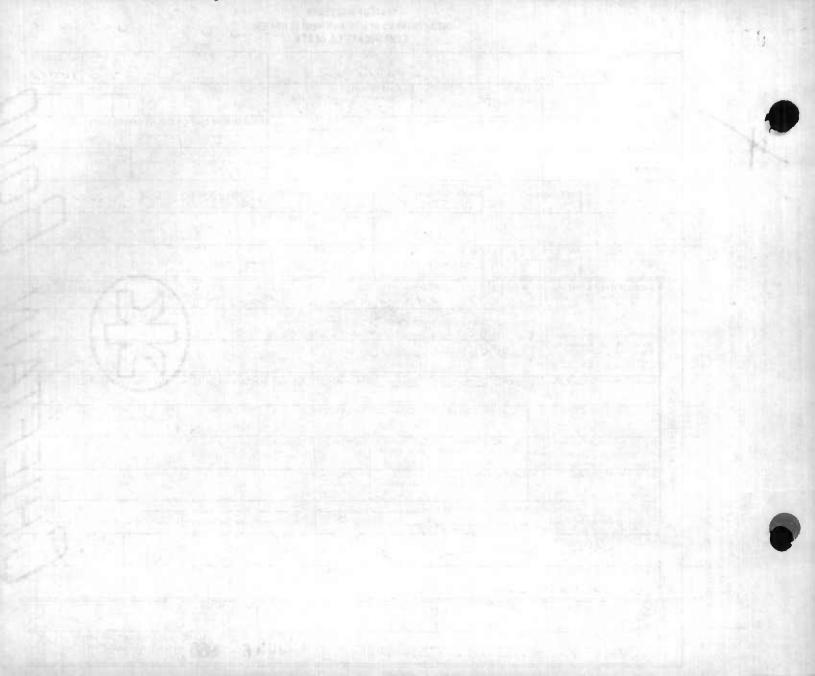


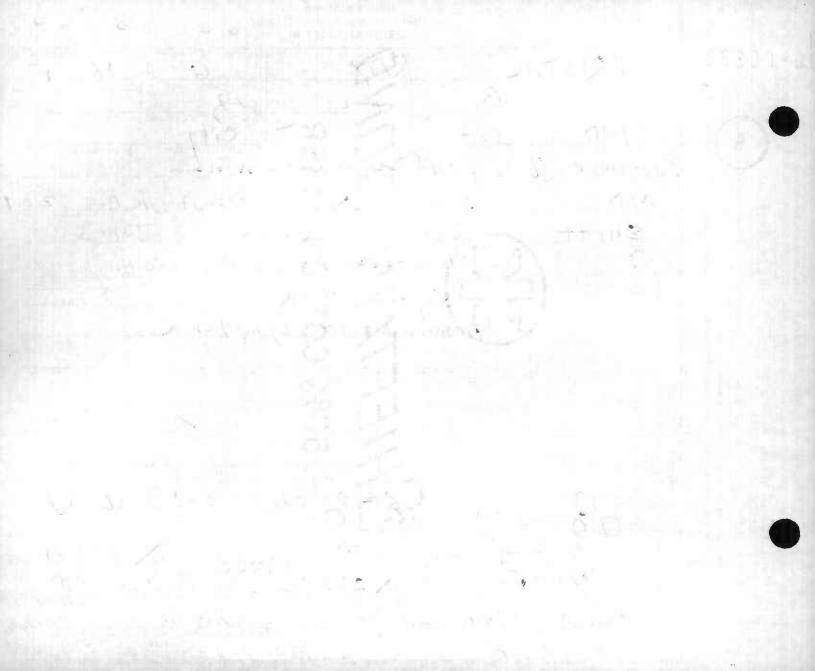
WM.C.MARCH F/H INC. 1101 E.NORTH AVENUE

who Daydoon- Time

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(VRA 15, 4)





FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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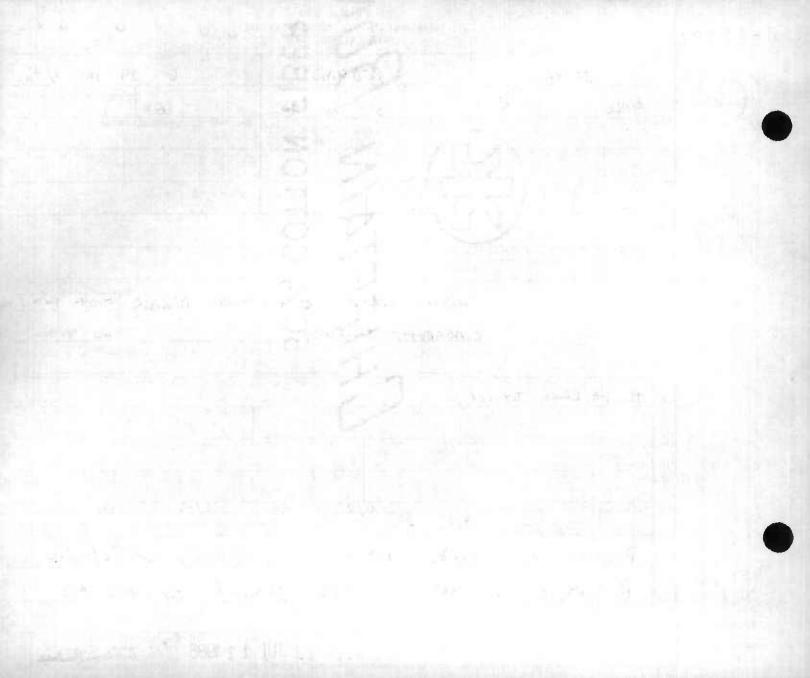
- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	0.		
1. DECEASED NAME FIRST	WIDDLE	LAST		MONTH DAY	YEAR	2b. HOUR
JOHN		REDMAN		6 29	86	4 30 AM
3. SEX MALE	4 RACE	5 DATE OF BIRTH  MONTH DAY YEAR  5 13 20	6. AGE (IN YEARS LAST BIR	(6) PRS	INDER I YEAR	IF UNDER 24 HRS
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTS	MARRIED NEVER MARRIED WIDOWED DIVORCED	3. BALTIMORE CITY O	R COUNTY OF		MD.
Balto.	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE Mercy Hosp		120. USUAL OCCUPATE ITYPE OF WORK FOR MOST O Miner	ON	4	F BUSINESS OR
Md.	E OR OTHER INSTITUTION GIVE RESIDENCE BE	DWN 13d INSIDE CITY LIMITS?	136 STREET ADDRESS / 808 St.	_		21202
14 FATHER'S NAME FIRST	MIDDLE (AS1	15 MOTHER'S MAIDEN &	MIDDLE		LAST	
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	0-9810	ADDRE	SS		
Conditions, if any, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE (b) <u>CiAGAR</u>	OUENCE OF SMOKING	(Monaey Di	scase	great	MATE INTERVAL INSET AND DEATH LYMM S
PART 2 OTHER SIGNIFICATION  PART 2 OTHER SIGNIFICATION  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	or conditions contributing to the cett.	O DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONI	DITION GIVEN  20b. IF YES, WIN CERTIFYIN	ERE FINDIN	GS USED
OR CONTRIBUTION CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJUR			
VIETNIEN NOTIFY MEDICAL EXAM  21d INJURY OCCURRED  WHILE NOT WHILE	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFI	211 LOCATION	CITY OR TO	wn	COUNTY	STATE
saw the deceased alive abave, (I) (we) (did) (did	ospital) attended the decrased from an	, and that in (my) (our) opinion	, to 6/29 on death accurred on the do	. 19. ote and hour ar	nd from the c	
Robert C.	Greenwell n.	DEGREE ATTENDING PHYSICIAN			6/29	186
POBER	C. Greenwell	Jr. MERCY 1-	lospital B	PALT MEN	RE N	eD.
230. BURIAL, CREMATION, REMOVING (SPECIFY)  Removal	7-2-86	3c. NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION CITY OR TOWN	Ċ.	OUNTY	STATE
24 FUNERAL DIRECTOR	ADDRES	250 D	ATE REC'D. BY REGISTRAR	255 REGISTRAL	R'S SIGNATU	JRE

DHMH - 16 60M 7/84 (VRA 15, 4)

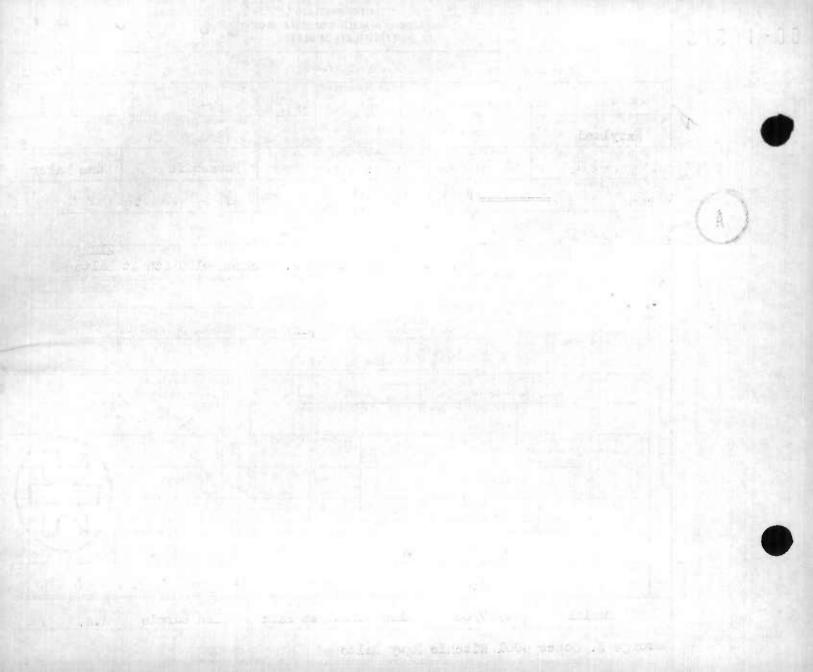
Anatomy Board

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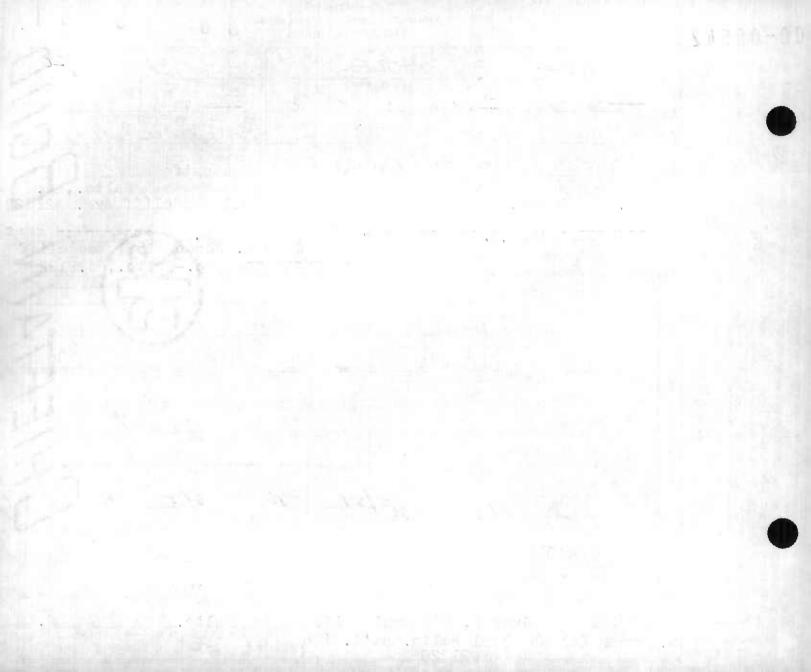


		1 -	FOR STATE REGISTRAR	DEPARTA	NENT OF HEALTH AND MENTAL HYOCERTIFICATE OF DEATH	GIENE 8 O REG NO.	6 9 2 8
0 -	10629		CEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	yy be		ELIZABE.		REED	6-2	2-86 4.40m
	dor. p	3. SE	4. RACI	. 0	5. DATE OF BIRTH  MONTH  DAY  DAY  SEAR  22	6. AGE (IN YEARS LAST BIRTHDAY)	# UNDER TYEAR # UNDER 24 HRS MONTHS DAYS HOURS MIN.
	Pog dire			ZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNT	Y OF DEATH
	nerol n722	)	ouniry) md	NSA.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Balls.	MD.
10	s ofter d by the fu iled with	10. C		ME OF HOSPITAL, NURS IN HOS IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION ADDRESS)	120. USUAL OCCUPATION (INTE OF WORK FOR MOST OF WORKING LE	
AND 212	filled in outd be t		TATE 136 COUNTY	STITUTION, GIVE RESIDENCE BEFORE 13(. CITY OR TOW		13e STREET ADDRESS / ZIP COD	wood are
MARYLAND	within miner	14. E/	THER'S NAME FIRST MIDDLE	Q - LAST	15 MOTHER'S MAIDEN NA	AME MIDDLE	4_ LAST
	P 2500	-	OHN H	11027	1-1	ELL ADDRESS	ALL
BALTIMORE	e execu		/AS DECEASED EVER IN U.S. ARMED FO	DATES)	-6528 Ponell	HAVNE 2/0	st woodawe
BALT	ysicion ppers. vol.		18 CAUSE OF DEATH (Enter only one of	ouse per line for (o), (b), on	d (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
. 7	g phy conpo	0	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUS	E(O) CARDIO	RESPIRATORY	ARREST	
PRESTON ST	endin corbin or or motic			E TO, OR AS A CONSEQUE	NCE OF NAL CANCER	ATLUNG 1.	77
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3	by the		couse (0), stating the underlying couse lost	E TO, OR AS A CONSEOUL	NCE OF STATIO	11 2 1 11 3 1 11 3 13	
, 201	pned pleco		PART 2 OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GI	VEN IN PART 110
RDS	The right	ON NO	DIABETES M.	ZLLITUS,		BREAST	
DIVISION OF VITAL RECORDS	on. hos been price one price	TIFICATION	190 DATE OF OPERATION 198	CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
VITA	hysical icote ronsii Hyga	CERTI		TIME OF INJURY	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
0 7	SICIA ng ph certif riol-t entol	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
VISIO	offending of the buring of the	MED		PLACE OF INJURY HOME STREET, FACTORY, OFFICE, F	ARM ETC ) 215 LOCATION STREET	CITY OR TOWN	COUNTY STATE
۵	NO A SE O S		22a I certify that (I) (this haspital) atte		5-24-1986	. to 6-22-	19_86_, that (1) (we) last
-	hospito hospito RECTO ned for spt of the		sow the deceased alive an above, (1) (we) (did) (did not) view to			death occurred on the date and ha	
	DIRE DOCHE Dept		226. SIGNATURE	· l - >	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22r DATE SIGNED
	SPITAL J by the NERAL be det FANT:		22d. PHYSICIAN'S NAME (TYPE OR PRINT)		PHYSICIAN  220 ADDRESS	DIRECTOR PHYSICIAN	10/27/80
	TO HOSPIT, etoined by TO FUNER, should be downth the Standard MARCATAN	18	ANIL. N. R.	AIKER	LUTHER	AN HOSPIT	AL
	F 6 + ≥ ≥ ₹	230	URIAL, CREMATION, REMOVAL 236	1001011	NAME OF CEMETERY OR CREMATORY	23d LOCATION CHYORIONN	COUNTY STATE
	BP	24 E	INERAL DIRECTOR	28/86 N	ING MEM PL	TE REC'D. BY REGISTRARIZSD REGIS	TRAP'S SIGNATURE
D	HMH - 16 50M 4/83 (VRA 15, 4)	1	sept L Run	- 2122 I	~ north one I	IN 26 1986	THAN S SIGNATURE



0-08357	FOR DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HYGIENE RTIFICATE OF DEATH	6 1 6 9 3 0 REG. NO.
dept 3	DECEASED NAME FIRST MIDDLE RENN RALPH E. RENN	ER SR.	DEATH MONTH DAY YEAR 26 HOUR 6-2-86 10:17 PM ABSTAST BEINDAY   FUNDER 1 YEAR   FUNDER 23 HBS.
and	MALE W	MONTH DAY YEAR (	MONTHS DAYS HOURS MIN.
0/11/25	MARYLAND USA WI	DOWED DIVORCED BAL	TMURE CITY MD.
10 42		SSPITAL STYPE OF WORK	CCCUPATION FOR MOST OF WORKING LIFE! HANIC  126 KIND OF BUSINESS OR INDUSTRY BREWERY
TO SECOND	OSUAL RESIDENCE (IF NOW SING HOW OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMI 136 STATE 136 COUNTY 136 CITY OR TOWN TO BALTO.	13d INSIDE CITY LIMITS? 13g STREET A	DDRESS / ZIP CODE AVE /21234
MARY STATE OF STATE O	RALPH A MIDDLE RENNER  (AST  RALPH A MIDDLE RENNER  (AST)  (AST)	MARCELI	MODIE MCLEOD LAST
TIMORE DE CAME	(YES, NO QR UNKNOWN) (IF YES, GIVE WAR OR DATES)		enner - 7800 Telmont Aus BETWEEN ONSET AND DEATH
RDS, 201 W. PRESTON ST., B. equines that the death certifical engine by the price in plant free plant certifical to burn cremation for removal	18. CAUSE OF DEATH LEnter anly ane cause per line for a 1, lb1, and ict. PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE (b)  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	fatic Renal CA	
AL RECO	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPE	RATION WAS PERFORMED 200 AUTO	PSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
SCAN SPANCE	71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY [15 EITHER NOTIFY MEDICAL EXAMINER] P.M.	19	URE OF INJURY IN ITEM 18 PART I OR PART ?}
OWISION SOCIETY OF THE CO. THE	21d INJURY OCCURRED  11e PLACE OF INJURY (AT HOME, STREET, EACTORY, OFFICE, EARM, E	1/1 2/1	CITY OR TOWN COUNTY STATE
ATTENDE option of Heal of Heal	22a: I certify that (I) (this haspital) attended the deceased fram- saw the deceased alive an 19 abave, (I) (Nove) (Bid) (did nat) view the bady after death.	2, and that in (my) (aur) apinian death accurred	d an the date and haur and fram the causes stated
HOSPITAL DR 4 FUNERAL DIRE VINT BE detoched With the detoched With Strate Dept	276. SIGNATURE	DEGREE  ATTENDING MEDICAL PHYSICIAN DIRECTOR [	STAFF PHYSICIAN   6/2/8/6
TO FUN should by	D Laily MO	SINIAI	HO SPITAL
ВР	(SPECIEV)	USON VET. CEM. GO	ORTOWN COUNTY STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	MAME De Mille 7527 Hays	~ OH. JUN 3	GISTRAR 256 REGISTRAR'S SIGNATIONAL SERVICE STATE SIGNATION OF THE SIGNATI

KALTH E RENUER SK GE & SO - 12 ACU SERVICE PASK BYR 7-mmer cost X seed symmetry or or Year www. Tark to the 12 th a famour 7800 Thomas Election THE SAME WITH SAME OF STREET WAS A STREET OF STREET THE BOY THE LAND LAND AND THE PROPERTY OF THE PARTY OF TH



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oge 3	1. DECE	ASED NAME	lmira	-	race	Rial	ST		20. DATE OF	DEATH 6	26 B	SEAR 2	2040 M
ge 4 mo) ector. po rs ofter d	3. SEX	female		4. RACE whi	te	5. DATE O	96	93 ^{AR}	6. AGE (IN YE	ARS LAST BIRTHI	VRS.		FUNDER 24 HRS
merol dir		HPLACE ISTATE OR INTRY) timore,		76. CITIZEN OF	• A •	MARRIED WIDOWE	NEVER A	MARRIED .			county of DE		MD.
5:140	Ba	or town of de.	- 15	St. A	HOSPITAL, NURSIT CH FACILITY, GIVE STREET GNES HO	spit c	ROTHER INS	TITUTION	120 USUAL C (1YPE OF WORK Hous	CCUPATIO FOR MOST OF V	WORKING LIFE) INE	KIND OF EDUSTRY	aker
n 24 hour	The STA	Md.	Bar	other institution	13 CITY OR TOV Catons	voille				WOOD			
	1	William			ennard		Mar		Be	MIDDLE		ach	
be executed on and or so Popel.	16a WA	S DECEASED EVER		MED FORCES? E WAR OR DATES)	220-03					,		isdal	
RDS, 201 W. PRESION SI,, squires that the death certification is signed by the attending phone or corbang to burial, cremation, or remainly, or other traumatic eve	P	Conditions, if any gave rise to im couse (0), stati underlying coust	MMEDIAT which mediate ng the e last.	DUE TO, O	or AS A CONSEOU	ENÇE OF	ONOT RELATED	O TO THE TERM	INAL DISEASI	E OR CONDI	ITION GIVEN IN	PART 100	
he law recon. has been to permit. to permit.	CERTIFICATION	DATE OF OPERA	TION	19b. COND	DITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUTO	NO DE	20b. IF YES, WER IN CERTIFYING YES		
DIVISION OF VITAL RECORDS ING PHYSICIAN: The law requirentending physicion. After this certificate has been signs as the buriol-transit permit. The lith and Mental Hygene prior to ket as them 18 shews any injury and as them 18 shews any injury.	4EDICAL 2	To ACCIDENT WAS UNDER CONTRIBUTING UFFEITHER NOTIFY MED TO INJURY OCCUR	CAUSE OF DEA	HOUR A	OF INJURY  .M. MONTH D  .M. OF INJURY  (REET, FACTORY, OFFICE,	19	21f LOCATION IN STREET	ON	RED (ENTER NA	TURE OF INJURY	IN ITEM IS PART I OF	R PART 2)	STATE
TO HOSPITAL OR ATTENDING retained by the hospital or oth TO FUNERAL DIRECTOR: After should be detached for use as it with the State Dept. of Health or WHOME ATT. If them 21 is market	2	20.1 certify that (1) saw the decease above, (1) (we) (1) SCHAIURE	AME (TYPE C	1) view the body	y ofter death. 19_	·	22e ADDRES	ATTENDING PHYSICIAN [	MEDICAL	d on the dot		from the co	
BP	5P	RIAL, CREMATION ECIFY) Buri	al	6/28	/86 N	ew Ca	thedr	crematory al Cen	neteri	J-Bal	timore	, Mo	rylano
DHMH - 16 60M 7/84	24 FUN	S A Company	steri	ing Fi	uneral	Estat	e, P. A	250 DATE	REC'D. BY R	1026	B REGISTRAR'S	SIGNATUR	E CONTRACTOR

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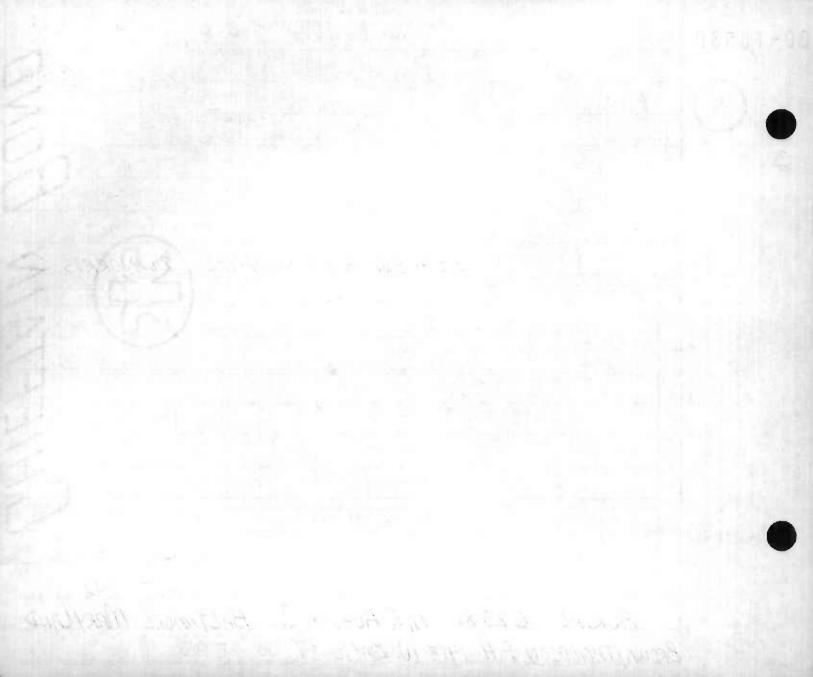
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 👷

- STATE REGISTRAR		CERTIF	ICATE OF DEA	TH	REG.	NO.		and the same of the same	Martin "
1. DECEASED NAME FIRST	WIDDIE		AST	20.	DATE OF DEATH	MONTH	DAY Y	YEAR	2b. HOUR
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14. FATHER'S NAME	MADDIE LACT		15. MOTHER'S MA						
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OR CONTRIBUTING CAUSE OF  (IF EITHER, NOTIFY MEDICAL EXAM)  21d. INJURY OCCURRED  WHITE NOT WHITE  AT WORK	DEATH INER)  P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFI		21E LOCATION STREET	Y OCCURRED	ENTER NATURE OF IT		cou	NIY	STATE
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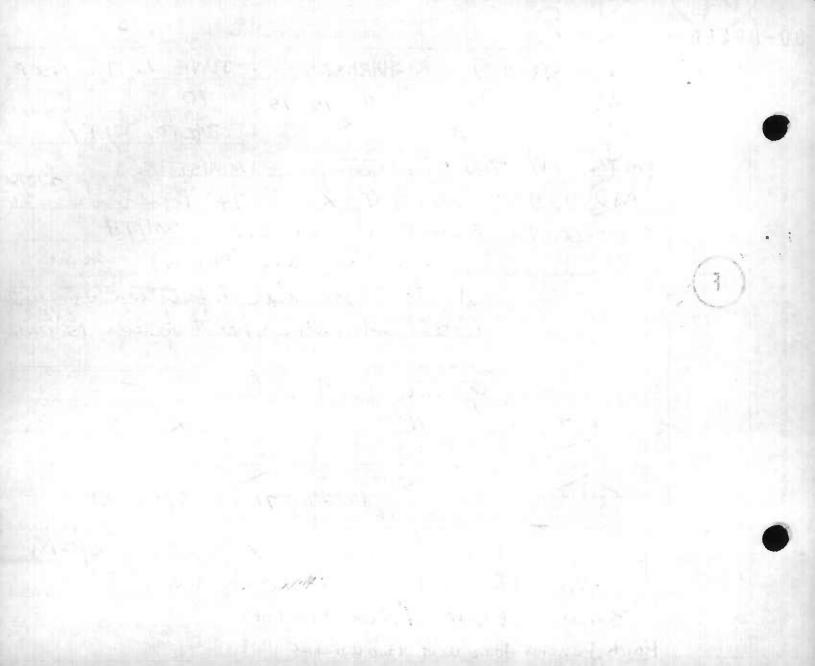
DHMH - 16 50M 4/83 (VRA 15, 4)

Ambrose Funeral Home, Inc 1328 Sulphur Spring Rd. JUN 30 1986





STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 00-09440 REGISTRAR REG. NO 20 DATE OF DEATH MONTH YEAR 2h HOUR DECEASED NAME TYPE OR PRINT 86 NORTHINGTO AGE UN YEARS LAST BIRTHDAY 3. SEX AONTHS DAYS 15 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN O BIRTHPLACE MARRIED NEVER MARRIED DIVORCED [ WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 14 FATHER'S NAME LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES I HE YES, GIVE WAR OR DATES! 18 CAUSE OF DEATH (Enter only one cause per line for (a PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IQ Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY THE LAND OF THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION ION WAS PERFOR 206. IF YES, WERE FINDINGS USED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO X YES [ NO [ 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INTER HOUR A.M. DAY YEAR USE OF DEATH MEDICAL (IF EITHER HOLIFY MEDICAL EXAMINER) 21d INJUIT SEED FED 21f LOCATION 21e. PLACE OF INHURY CITY OR TOWN COUNTY (AT HOME, STREET, F STATE 220.1 certify that (1) (this hospital) attended the deceased from 0 **6.**, and that in (my) (aur) apinian death occurred an the dote and hour and from the causes stoted saw the deceased alive an abave, (1) (we) (did) (did view the bady after death 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be detoo with the State D IMPORTANT: If 22d. PHYSICIAN'S NAME TYPE OR 0 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE MAME, OF CEMETERY OR CREMATORY COUNTY STATE tant BP. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 NAME (VR A 15 (4)) uneral Home West 4300 Walash All

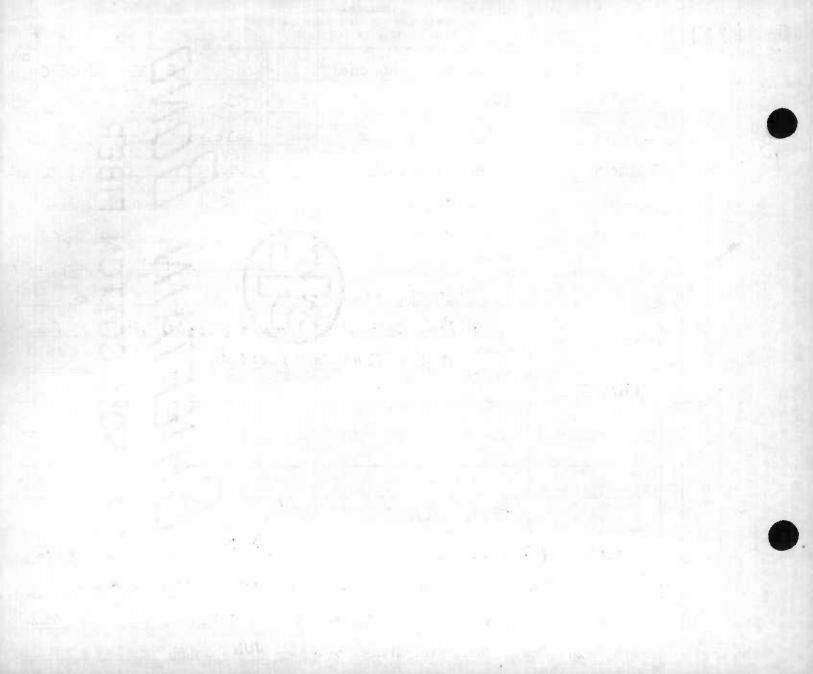


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ith. Page 4	7a B	RTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED MEVER MARRIED PROPERTY OR COUNTY OF DEATH OUNTRY)
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND ING PHYSICIAN: The low requires that the death certificate be executed within 24 offending physician. The low requires that the death certificate be executed within 24 offending physician and completely filler as the burial-transit permit. Then please remove carbon papers. Pages II grid 2 should then and Mental Hygiene prior to burial, cremation, or removal.		Conditions, if ony, which gave rise to immediate cause   01, stating the underlying cause   last   DUE TO, OR AS A CONSEQUENCE OF
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME OF ESTI-LTYPE OR PRINT) RICHARD RILEY Lee DEATH MATED 3 SEX 4 RACE DATE OF BIRTH AGE UN YEARS IF UNDER 1 YR IE LINDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED ;20 M June 24 1952 DEAD Male White 33 Th CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OF MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) WIDOWED | Baltimore Cirv Mar yland USA DIVORCED 18 CITY OR TOWN OF DEATH I INAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Baltimore Shock Trauma Unit, University Hosp. Master Mechanic Industrial BE ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Harford Maryland Monkton 3584 Jarrettsville Pike, 21111 NO St 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME N FIRST MIDDLE Robert Riley, Sr. Edna James Marie Mays 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT LIF YES GIVE WAR OR DATEST 212-58-6233 Patricia A. Riley, 3584 Jarrettsville No Pike. 21111 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY Gunshot wound of head IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION INTER STATE OF THE WORD FEINE ME FORWARDED TO THE CHIEF ME TO BE USED A THE STATE DEPARTMENT OF HEA INDIVIDUAL STATE DEPARTMENT OF HEAD STATE DEPARTMENT OF HEAD STATE OF THE STATE O 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? Head only 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR AM. MONTH DAY UNDERLYING TOOR
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PAGE 4 SHOULD BE FORWARDET
TO FUNKRAL DIRECTOR, PAGE 3.
AFTER DEATH, WITH THE STATE DE
BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) WHILE AT WORK 3584 Jarrettsville Pike. Monkton Balt. Co. Md. at home 22a I certify that I taak charge of the remains described above, held an Autapsy Inspection Suicide X Hamicide Undetermined manner Natural causes Accident TITLE (SPECIFY) 6/15/86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn St., Baltimore, Md. 21201 Margarita Korell, M.D. ADDRESS. 236. NAME OF CEMETERY OR CREMATORY 6/19/86 Jessops Cemetery Cockeysville Balto. Burial Md. 07/B4 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 (VR A15 ME (5)) E. Lowell Lemmon, 10 W. Padonia Rd.

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à 3 <u>≥</u>	23a	BURIAL, CREMATION, REMO	OVAL 23b. DATE 23	R NAME OF	EMETERY OR CREMATORY	236 LOCATION CITY OF TOWN	COUNTY
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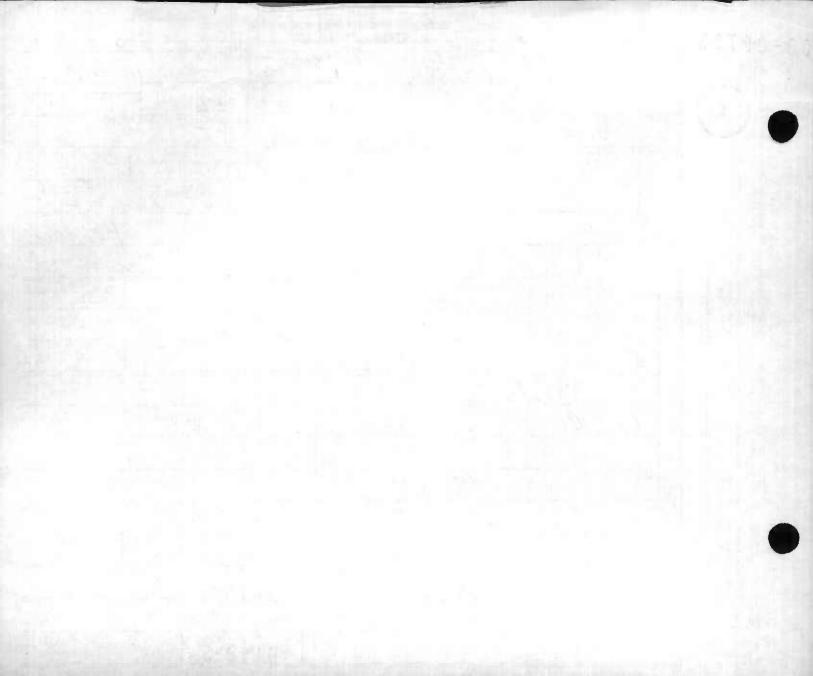
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(VRA 15, 4)	E	LINE FUNERAL	HOME REIST	ERSTOWN,	MD. JUN	23 1986	ulia Drundson-	1

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DURING SH, SC LAKE VIEW MEN. SYKESVILLE, MD.

LINE UNERAL TOME SISTERSTONN, 10.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	ransi Hygir	13	CER	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY HOUR A.M. MONTH	1 DAY YEAR 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)	
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NOI NHYS	his o	/	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	CITY OR TO	WN COUNTY	STATE
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9	A A A		5	220.1 certify that (1) (this haspita	al) attended the deceased f	ram	8 , to 9///	1 19	t (I) (we) last
A E	for of H		10	saw the deceased alive an above, (I) (we) (did) (did nat	view the bady after death.	.19, and that in (my) (our) opinion	death accurred an the do	ate and haur and Iram the cau	ises stated
S A	IRECT hed for ept. of them 21			22b. SIGNATURE		DEGREE		22c. DATE SIG	NED
AL O	ERAL D e detoc State D ANT: H			1×1/2	with	ATTENDING PHYSICIAN [	MEDICAL STAR		
SPIT	FUNERAL Jid be det i the Store ORTANT:			224 PHYSICIAN'S NAME (TYPE OR	PRINT	22e ADDRESS	1000	1, 1	
9	TO FUNERAL should be der with the State			134 x 100	RUTTIV	125	OTKEE	11/1-	
5	ē ≒#3 ₹		23a B	URIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION		
8	P		(	SPECIFY)Burial	6/20/86	Baltimore NationalCe	em Baltimore	COUNTY	Md
DHV	AH - 16 60M 7/	B4		NERAL DIRECTOR		25e DA	TE REC'D. BY REGISTRAR	25b, REGISTRAR'S SIGNATURE	0.00
5.17	(VRA 15, 4)		M	arch Funeral Hon	ne West 4300°	Wabash Avenue	IN * 8 100c	Latin Brillians - Com	Mallie.



									OF MARYLAND					
0-1	0041	96	1-	FOR STATE REGISTRAR			DEPA		EALTH AND MENTA ICATE OF DEATH		00	1 6	7	4 2
				CEASED NAME	FIRST	A	WIDDLE	l	AST	2	REG. NO	MONTH DAY	YEAR	26 HOUR
	3 75	100	(TYPE	OR PRINT!	CAL	TTNI	L.		OBERTSON	,	TUNE 16	1000		
	1 20	100	3. SE	(	CAL	4 RACE		5 DATE C	F BIRTH		AGE (IN YEARS TAST BIRT	HDAY) 1998	NDER I YEAR	# UNDER Z4 HRS
	pe 4	1		Male		B1	ack	MONTH 7	29 5	AR 2	34	YRS	THS DAYS	HOURS MIN.
	P Popular	8/	IL BI	RTHPLACE (STATE OR FO	ORE IGN	76. CITIZEN OF	WHAT COUNT	RY? 8	NEVER MARRIE	D X 9	BALTIMORE CITY OF	COUNTY OF	DEATH	
	1 150	3	M	aryland		U.S.		WIDOWE	D DIVORCE	D	BALTIMORE	CITY,		MD.
3	1	35		TY OR TOWN OF DEAT BALTIMORE		(IF NOT IN SUC CHUR	CH HOME	HOPSIT	AL		20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF		12b. KIND OI INDUSTRY	F BUSINESS OR
AL STATE	24 Miled in pulled in	25	USU, 130 S	TATE aryland	ISE COUL	OTHER INSTITUTION ATY	130. CITY OR T	OWN	13d, INSIDE CITY LIM	AITS?	3 STREET ADDRESS / 3 Minkler	ZIP CODE Court	21	1027
RYLA	erely 2 sm	自约	34 FA	THER'S NAME		MIDDLE	LAST	BU & BU	15. MOTHER'S MAID	ENNAME	WIDDLE	5000	1.45	
A A	buolond buo	E TO	/	Sidney	133	, and the same of	Watso	n	Rosa				berts	on
ORE,	xecut	n d	160 V	AS DECEASED EVER II		MED FORCES?		ECURITY NO.	17 INFORMANT		ADDRE			V 15301
IIW	S. Pog	Be		ES NO OR UNKNOWN)			212-6	0-4281	Rosa Rol	berts	on 828 N.	Luzerne		
BAL	ysicio	t, th		18 CAUSE OF DEATH	Enter on	ly one couse per	line for (a), (b)	, and ic	100			ETISES.	BETWEEN	MATE INTERVAL ONSET AND DEATH
ST.,	g ph on p	ever				TE CAUSE (o)	CARDI	OMYOPA	THY					
ESTON	or the corb	notic				DUE TO, OI	R AS A CONSE	QUENCE OF				194		
REST	atto atto	100		Canditions, if any, gave rise to imm		(b)		98.77						
¥.	y the	ther		couse (a), stating underlying couse		DUE TO, OF	R AS A CONSE	OUENCE OF						
201	s the	0			FIGURE	(c)	OLITBIBLITIC C	TO DEATH BUY	NOT DELL'IND TO THE	15 750 h l	AL DISEASE OR CONE			
DS,	sign hen l	lo L	Z					TO DEATH BUT	NOT RELATED TO TH	TE LEKWIN	AL DISEASE OR CONL	THON GIVEN	IN PART II	
Ö	been mit. I	2	CATION	190. DATE OF OPERAT		TOMY LIF		ICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES, W	ERE FINDIN	IGS USED
LRE	has per	2	LIFIC	JUNE 3.	19	OG TIME	BOLUS	TO LEG	C	S. Pro	YES T NOT	IN CERTIFYIN		OF DEATH?
VITA	ysicion cote	20 /3	CERTIFI	210. ACCIDENT WAS UNDE	RLYING [	216. TIME O	FINJURY		21c. HOW INJURY O	OCCURRED	O (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	ORPART 2)	
9	ICIA B ph ertifi iol-tr	E	ICAL	OR CONTRIBUTING C		4111	M, MONTH M.	DAT TEAK						
DIVISION OF VITAL		000	MEDIC	214 INJURY OCCURR		21e PLACE (	OF INJURY	ICE FARM ETC.)	21f LOCATION STREET	e Ale	CITY OR TOW	VN	COUNTY	STATE
DIVI	After off	Jorke		AT WORK AT WOR	_							200		
-	FND OR: A	I S I		220.1 certify that (1)					d that in (my faut to	86	oth occurred an the do	5, 19-	86- 1	that (I (we) lost
	ATT nospil reCTC ed fo pt. of	E		obove, (I) we Val	d) (and no	JUNE I	offer death		DEGREE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		TO OTHER HEADY OFF	77 DATE	SIGNED
	the half	¥ = =		A-1	No	yes	ni,	mo?	ATTEND PHYSIC	DING I	MEDICAL STAF	FAN, O	6/1	16/88
	A Part of the Salation	4		22d PHYSICIAN'S NA	ME (TYPE C	OR PRINT			220 ADDRESS CH	URCH	HOSPITA	L CORP	ORAT	ION
	TO TO	-		ATAOLLA		NAZEM	II M.D				DWAY BAL	TIMORE	, MD	. 21231
	20			URIAL, CREMATION, P	REMOVAL				EMETERY OR CREMA		23d LOCATION		DUNTY	STATE
	BP			INERAL DIRECTOR		6/21	/86	Baltimo	re Cemete	ry DATE P	Baltimore REC'D. BY REGISTRAR		SSIGNATI	Md.
	DHMH - 16 60M ( (VRA 15, 4)	7/B4		March Funer	al H	omes 110	01 East	North	Avenue	JUN	20 1988	Julia Das	d/201-1	andello

6 .... D & C (Ju Market Carried BANC

DHMH - 16 60M 7/B4

(VRA 15, 4)

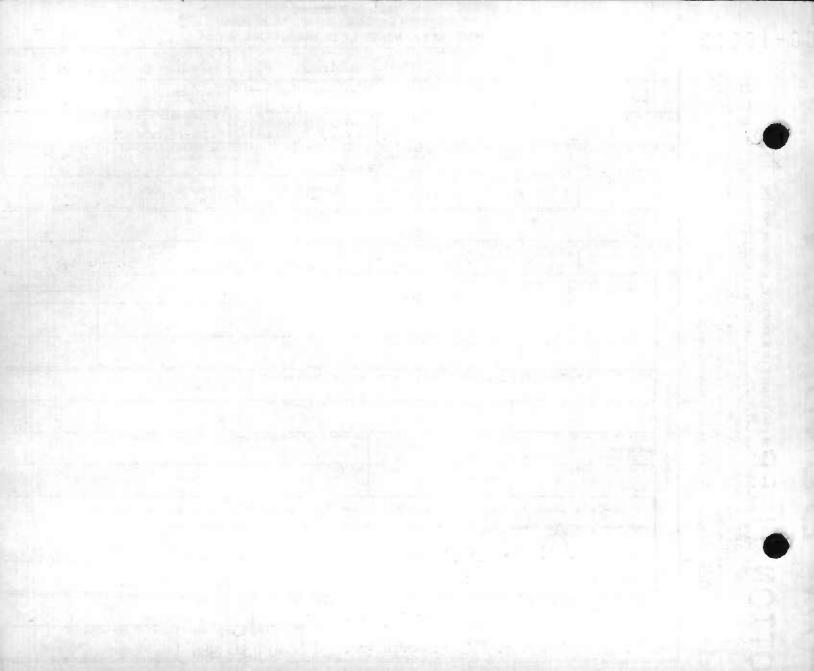
	STATE OF MARYLA
FOR STATE	DEPARTMENT OF HEALTH AND A
- STATE	CEDTIFICATE OF D

AND MENTAL HYGIENE CERTIFICATE OF DEATH

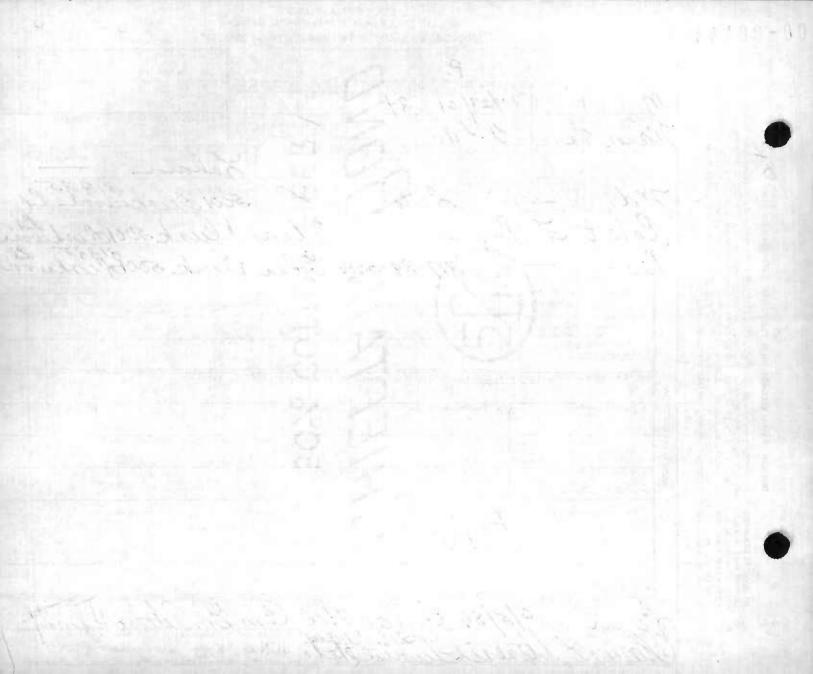
8	EG. NO.	-	6	4	4	de
						_

REGISTRAR	CERTITION	L OI DEATH	REG. NO.	
1. DECEASED NAME FIRST MI	IDDLE LAST	20 DATE O	or beatti	AY YEAR 25 HOUR
	ances Robin	nson	June 2	29 '86 2237
1.SEX 4 RACE	5. DATE OF BIRT		YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Franke Whi	reb.	11 1919	67 YRS	ONINS DAYS HOURS MIN.
HIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF W	VHAT COUNTRY? 8	- 9 BALTIM	ORE CITY OR COUNTY	OF DEATH
COUNTRY)	16 0/1-	NEVER MARRIED Ba	ltimore City	v
Mary Land  WITTOR TOWN OF DEATH  1) NAME OF HE	OSPITAL NURSING HOME OR OTH	DIVORCED 12n USUA	LOCCUPATION	126 KIND OF BUSINESS OF
I IF NOT IN SUCH	FACILITY, GIVE STREET ADDRESS)	/ . (TYPE OF WO	ORK FOR MOST OF WORKING LIFE	INDUSTRY
LIUAL RESIDENCE (IF NURSI) - WE OR OTHER INSTITUTION O	OF MANY AN	D HOSP. Supe	ervisor (Ret)	) MVA
MD HOUNTY ARUNDE			ADDRESS / ZIP CODE 8 Joy Cinc	cle/21061
14 FATHER'S NAME	15 M	OTHER'S MAIDEN NAME	MIDDLE	
HARRY L.	Springer	May	MIDDLE	Lucker
160 WAS DECEASED EVER N U.S. ARMED FORCES?	IN. SOZIAL SECURITY NO. 17 IN	WFORMANT (Husband)	ADDRESS	
(YES NO OR UNKNOWN)	214-03-4534 MY	. George F. Rob	incon Samo	as 13
CAUSE OF DEATH (Enter only one couse per li		· dedrye I · Rob	rnson same	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY.	Cardian and	of the state of th		# 5 Will
IMMEDIATE CAUSE (0)	Caracia atta			10 2000
	AS A CONSEQUENCE OF	1.6 000		14/1/24/7
Conditions, if any, which (b)	ty	10 vension		,
	AS A CONSEQUENCE OF	1- 1.1 DI	4 Ar. cla	
(c)	Jan	agrown rung	un / 1/240101	
PART 2 OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEA	ASE OR CONDITION GIVE	N IN PART 110
Contourany Anten	7 0 0000			
190 DATE OF OPERATION / 196 CONDIT	ON FOR WHICH OPERATION WA	S PERFORMED 200 AU	10PSY? 206 IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
12 June 86	CAD	YES	NOE YES	
210 ACCIDENT WAS UNDERLYING 216. TIME OF	INJURY 21c. I	HOW INJURY OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18 PAI	RT I OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M				
21d INJURY OCCURRED 21e PLACE O		OCATION	CITY OR TOWN	COUNTY STATE
HILE NOT WHILE O	ET FACTORY OFFICE FARM ETC )	STREET	CILL ON LOWN	COUNT
22a I certify that (I) (this hospital) attended the	decepsed from 125mm	e - 19 86 to 7	19 June	9 that (I) (we) las
sow the deceased glive on 19 Tare above. (I) we lightly lidid not view the bady o		in (my) (our) apinion death accur	red on the date and hour	Q
22b. SIGNATURE 27	itter death. DEGRE	E		224. DATE SIGNED
Alla. 1 X	· · · · · · · · ·	7 ATTENDING _ MEDICA	L STAFF	29 Tu 18
22d PHYSICIAN'S NAME (TYPE OF PRINT)	1220	PHYSICIAN DIRECTO	R PHYSICIAN	Joi voice, of
F. CLARK S.		22 S. GARRINE ST	, BALTO,	MD
230. BURIAL, CREMATION, REMOVAL 236 DATE	23c. NAME OF CEMETE	RY OR CREMATORY 23d LOC	CATION	
Entombment July 3	1986 Cedar Hill		1 1	A A Co. Md.
24 FUNERAL DIRECTOR (A) Hyracto			REGISTRAR 256 REGISTR	AR'S SIGNATURE
Singleton Funeral Home	Glen Burnie, Mar	vland JUL 1-	1986 June Na	Marin - 1/-
		7		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 26 HOUR (TYPE OR PRINT) OF ESTI-Robinson Roxie 6 4 RACE & AGE (IN YEARS IF UNDER 24 HRS 2d HOUR SEX 5. DATE OF BIRTH IF UNDER 1 YR DATE 3:10A LAST BIRTHDAY) PRONOUNCED B 1893 DEAD 186 93 YRS To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Alabama Baltimore City WIDOWED K DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION LTYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE! 601 Woodbourne Avenue Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 601 Woodbourne Ave. 21212 Baltimore NO [ 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST Zackerv Sally ? Wade 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7. INFORMANT ADDRESS YES, NO. OR UNKNOWNS 417-42-5249 No Adell Matthews 601 Woodbourne Ave. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? ICATE, WARRING TO THE FORWARDED TO THE TORK PAGE 3 SHOULD BE USE! YES . NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME, 21f. LOCATION 214 INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY 22a I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Matural causes X death resulted from: Accident Hamicide Undetermined manner TITLE (SPECIFY) 6/27/86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION STATE Baltimore 6/28/86 Burial Baltimore Cemetery BP 24 FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 125b, REGISTRAR'S SIGNATURE **DHMH - 17** Wm. C. March F/H, Inc. 1101 E. North Ave. - mor - Mande (VR A15 ME (5)) 20M 4/82



00-01	0 1. 1. 1.	FOR 1 - STATE			MENT OF HEALT	MARYLAND H AND MENTAL	15	16	9 4 6	>
00 01	0444	REGISTRAR			XAMINER'S	CERTIFICATE		REG. NO.		
		1. DECEASED NAME	FIRST	WIDDLE	324	LAST	20 DATE OF	KNOWN X MONTH	OAY YEAR 2	26 HOUR
. 15	1年828年		Anthony	۴.		gers	DEATI	H MATED 6/	1/ 19 86	M
1 8	PEFE	J SEX 4 RA		OF BIRTH DAY YEAR	6 AGE (IN YEARS IF U		ER 24 HRS. 2c. DAT		DAY YEAR	2:30
6	E SER	in	W 10		24 YRS.	THS DATS HOURS	DE A		1/ 19 86	AM
- 3	STEEDS >	70 BIRTHPLACE (STATE O	OR 7b. CITT	ZEN OF WHAT COUN	IRY? 8. MAR	RIED P NEVER MAI	PRIED 9 BALTI	MORE CITY OR COU		
0 0	過ると	Maria 1	1/0- 1	1. f. a.	WIDO			altimore Ci	tv.	MD.
12	E SHE	10 CITY OR TOWN OF D		ME OF HOSPITAL, NUR	SING HOME, OR OT	HER INSTITUTION		UPATION (TYPE OF WORK		INESS
83	E A E E	Baltimor		th Balto.		spital	Lak	OLIVE.	OR INDUSTRY	
P	FERRE	USUAL RESIDENCE (# IN		STITUTION, GIVE RESIDENCE	BEFORE ADMISSION)		1.0		21225	-
1200	SE SE	Md.	138 COUNTY	1	OR TOWN	134 INSIDE CITY (IMITS?	13e STREET ADDI	Buckey	court t	1
9 "	New 2	14. FATHER'S NAME		2		15 MOTHER'S MAI	DEN NAME	1		PI
M. M.	1220	(Kakert	- 7.77	uous!	AST	Code	1 KUn	1 L 27)1.	Bink	Let 1
ON SO	DESCRIPTION OF	16 WAS DECEASED EV	ER IN U.S. ARMED FOR	16b SOC	IAL SECURITY NO.	17 INFORMANT	2	ADDRESS	11225	PO
	SOS C	THE OF WHITEHOUSE	(IF YES, CINE WAR DEDA	217.	816-238	1 40	Non	4 5006	Binkey	del.
2 4	O E S S	IA. CAUSE OF DE	ATH (Enter only one co	use par line for (a) (b)	07 000	a coacha	ren	2000	APPROXIMATE IT	NIERVAL
15	W S S S S	PARTIDEATH	WAS CAUSED BY:			iple Inju	rioc		BETWEEN ONSET A	ND DE ATH
0 %	E SERGE	814/	IMMEDIATE CAUSE	UE TO, OR AS A CON		Tore Inju	LIES		1	
53 2	NCL IN IT	Conditions, if	f any, which						E CHIEF T	
W.P.	NA A A A		o immediate	(b) UE TO, OR AS A CON	SECUENCE OF					
- E	Z Z Z Z Z	lying cause la		-	SEGOENCE OF					
8.2	AND AND ATIO	PART 2 OTHER SIGNIFIC	CANT CONDITIONS CONTRIBUTE	NG TO DEATH BUT NOT PELAT	EO TO THE TERMINAL DICE	OF CONDITION CIVEN IN	BADT 1			
0 9	EN TAGEN			DOT NOT REEN	to to the temmat pisca	SC ON CONDITION GIVEN IN	PART 1 0.			
38 6	WANA A C	190. DATE OF OPE	RATION II	9b. CONDITION FOR V	VHICH OPERATION Y	VAS PERFORMED?			20 AUTOPSY?	-
14 C	PARE PARE	25								No 🗆
> 0	- BENEFACE	210. EXTERNAL CA		16. TIME OF INJURY	21c. 1	IOW INJURY OCCUR	RED LENTER NATURE OF	INJURY IN ITEM 18 PART 1 OR		NO []
DIVISION OF	TING THE WO SED TO THE OF 3 SHOULD BE DEPARTMENT PRICE TO BU		ST OK	HOUR A.M. MONTH	DAY YEAR					
Ois are	PRIO TENDE	CONTRIBUTING CONTR		10 PLACE OF INJURY	1/ 19 86 DE	CATION	SCIUCK DY	hit-and-ru	ill driver	
VIQ O	S S S S S S S S S S S S S S S S S S S	WHILE DING	WORK K	STREET, FACTORY, FARM, ET	C.]	STREET	CITY OR I	e Hgwy., Anr	I obacta for	STATE
2	A A A A A	AT WORK AT	WORK 2	highwa				e rigwy., Atii	lear under	Md.
	SESED/	220. I certify the	at I took charge of the t	whoins described abar	Auto Auto	psy X, Inspect	tion	y . ond in my	pinion	P.C.
-	CERTIFICATION BE FOR WITH THE WARFLAND	death resulted fro	am: Natura cours	Acidege	Suicide L	, Hamicide	. Undetermined i	manner,		
		ACTUAL		111		TITLE (SPECIFY)		DAT	6/3/0	-
1	CUTE THE SE SHO FUNERAL FR DEATH	SIGNATURE	-	/	/	A.D. Assist	ant MEDICAL EXA	MINER SIGN	6/1/8	0
6	E-NOW/	EXAMINER'S NAM	AE G	D WCC	M D		111 Dawn	O.L.		
	PAGE PAGE PATER PATER	TYPE OR PRINT)		R. Kauffm	an, M.D.	_ADDRESS	111 Penn	St.	7.5	_
		734 BURGEL CHEMATION	6/	181	a de att	1100 19	The state of the s	N. f. 0 30	110 7	l.
07/B4 25M	BP	THE PROPERTY COME	10	1000	accept	A cut like that	70.741.	Muchio	todeway	-
	DHMH - 17	(Ma. 0.	SI low	DADOREM ) Y	12/6/21	29 111	N 4 1986	Julia Davids	- Handaled	
()	/R A15 ME (5))	nucces	- srew	MAL	enere!	near o	7 1900	0	Mark Mark	



0517	FOR STATE REGISTRAR			STATE OF MARYLAND NT OF HEALTH AND MEN CERTIFICATE OF DEA	ITAL HYGIENE 🞅	6 REG. NO.	6941
	DECEASED NAME		MIDDLE	LAST	20. DATE		AY YEAR 2b. HOUR
deoth	Dona	ald	S.	Rogers		6 1	9 86 _M
s offer d	I SEX	4. RACE	NHITE "	DATE OF BIRTH	YEAR 23		FUNDER TYEAR IF UNDER 24 HRS
2056 G	70. BIRTHPLACE (STATE OR FO COUNTRY) West Virginia	OREIGN 76. CITIZEN OF	WHAT COUNTRY? 8.	MARRIED NEVER MAR	O PAITIA	BALTIMOR	
3/	BALTIMORE	TH FIL NAME OF Franci	S SCOTT		(TYPE OF W		12b. KIND OF BUSINESS OR
0.30 000 000	USUAL RESIDENCE IN NURSIN 130. STATE Maryland	ng home or other institution 136 COUNTY Baltimore	GIVE RESIDENCE BEFORE AD 13c. CITY OR TOWN Dundalk	YES NO	xx 7013	T ADDRESS / ZIP CODE -C Dunmanway	21222
	Hobert	WIDDLE	Rogers	15. MOTHER'S MA		MIDDLE Opal	Rogers
Pages Pages	160 WAS DECEASED EVER II  (YES, NO OR UNKNOWN) YOS	N U.S. ARMED FORCES?  (IF YES, GIVE WAR OR DATES)  WW II	166. SOCIAL SECURIT		M. Rogers	ADDRESS	as 13e
n signed by the attending physic. Thus please remove ranbon page 10 burnal cremation, ar removal injury, or other trainmatic event, it	Canditions, if any, gave rise to imm cause (a), stating underlying couse	DUE TO, O  which lediate g the last    Column   Column	CORONARY  RAS A CONSEQUENCE  RAS A CONSEQUENCE	ARTERY DI	FAILURE THE TERMINAL DISE	ase or condition give	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  YEARS  YEARS  N IN PART Lig
the perior	PIER			PERATION WAS PERFORM	YES [	NO YES	WERE FINDINGS USED YING CAUSES OF DEATH?
Arrange 18	21a. ACCIDENT WAS UNDE OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTR	AUSE OF DEATH HOUR A.		YEAR 19 211. LOCATION	Y OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18 PA	RT   OR PART 2}
hand?	WHILE NOT WHILE AT WORK	LAT HOME ST	REET, FACTORY, OFFICE, FARA	STREET STREET		CITY OR TOWN	COUNTY STATE
for use of Health	saw the decease	(this hospital) attended the	9 19 6	ond that in (my) (ou	9, to r) apinian death accu	rred on the date and hour	9 that (1) (we) last and from the causes stated
be detocked to State Dept.	220 PHYSICIAN'S NA	N. Ch	w	PHY 22e ADDRESS		DR PHYSICIAN	6/23/86
MPOR		l L. Chew				WE -BALT	12 KID 21224
	230 BURIAL, CREMATION, R			ME OF CEMETERY OR CRE		CATION ITY OR TOWN	COUNTY STATE
	Burial	6/24/	1986   Ga	rrison Fores	t Ow	ings Mills	Maryland



			STATE OF MARYLAND		
09434	FOR STATE REGISTRAR	DE	PARTMENT OF HEALTH AND MENTAL HY  CERTIFICATE OF DEATH	REG. NO.	5 7 4 0
deoge 3	1. DECEASED NAME (TYPE OR PRINT)  JOA	MIDDLE	ROGERS	20. DATE OF DEATH MONTH OF	86 1102 A M
ctor. po	3. SEX FEMALE	BLACK	5 DATE OF BIRTH	38 YRS	UNDER LYEAR IF UNDER 24 HRS. NIHS DAYS HOURS MIN.
100	70. BIRTHPLACE (STATE OF FOREIGN COUNTRY)	U.S. A,	MARRIED NEVER MARRIED X WIDOWED DIVORCED	DALTINURE (	F DEATH MD.
138	BALT. CITY	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV UNIVERSIT	NURSING HOME OR OTHER INSTITUTION E STREET ADDRESS Y OF MARYLAND HOS;	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
ould be	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 131 COL	OR OTHER INSTITUTION GIVE RESIDENCE INTY OF THE PROPERTY OF TH	E BEFORE ADMISSION) R TOWN 13d. INSIDE CITY LIMITS?  YES NO  NO	13e STREET ADDRESS ZIP CODE	4 TON NE. 2/2
mplerely and 2 sh examiner	14 FATHER'S NAME FIRST	ROGE ROGE	15. MOTHER'S MAIDEN NA FIRS PERS	MIDDLE C	LUS
Pages medical		REMED FORCES? 166 SOCIA	13 INFORMANT S2-3985 INEZ RO	GERS 1926 PIV	
prisicio m opers movol.	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per ne for 10 , SED BY: ATE CAUSE (a)	ofulmonary 1	ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
pleas priot, enricher	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFIC ANT	DUE TO, OR AS A CON	ASTATIC MUENOCA	ACLINIONA & FREE	
os been signiermit. Then the prior to but a gary injury	190 DATE OF OPERATION  4/6/86  210 ACCIDENT WAS UNDERLYING	La sul Titu	WHICH OPERATION WAS PERFORMED OF	200 AUTOPSY? 206. IF YES, N	WERE FINDINGS USED NG CAUSES OF DEATH?
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of Heom	220 I certify that (I) (this has saw the deceased alive a above, (I) (we) (Aid (did r	pital) attended the receased in attended the bady after death.	from	death accurred an the date and have a	that (I) (we) last and from the couses stated
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should be det with the State	DETSILA	A. VACHO	V 22e ADDRESS UNIVERS		
o > Z	230. BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b. DATE 6/12/86	Mt. Zion Cem.	Lansdowns A.	A Md STATE
6 60M 7/B4	24 FUNERAL DIRECTOR Chas. A. Rice FS	SPA 1300 Eutâ		TE REC'D. BY REGISTRAR 256. REGISTRA UN 1 3 1096	AR'S SIGNATURE

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DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

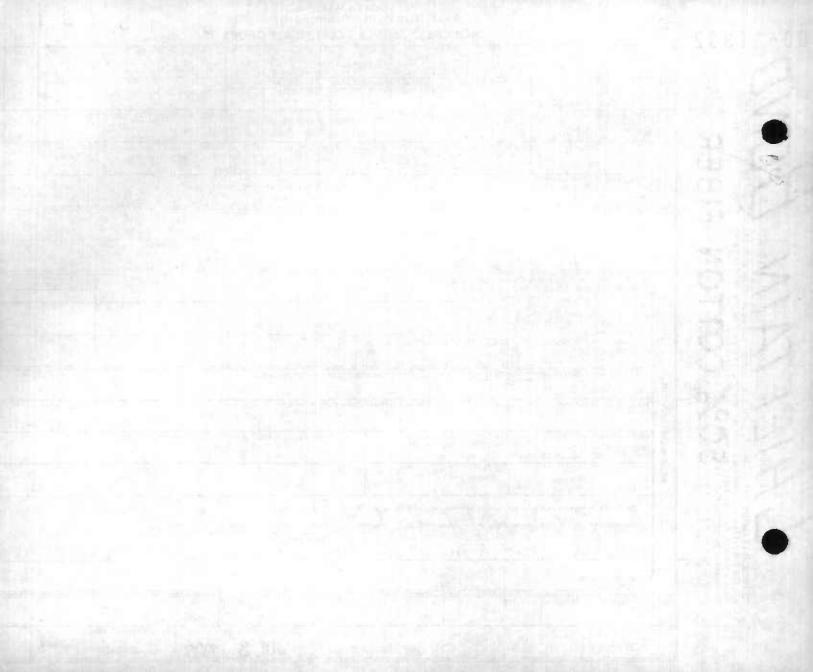
John C. Miller Inc. 6415 Belair Rd. 21206

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



0 -	0854	3	1 -	FOR STATE REGISTRAR	DEPA	RTMENT OF F	E OF MARYLAND IEALTH AND MENTAL HYC ICATE OF DEATH	GIENE B REG. NO.	1 6 9	50
	page 3			CEASED NAME FIRST CHAR (	LES JOHN	R	OHE		-4-86	1.35 Am
	ge 4 may		3. SE.	m	4 RACE W	5. DATE (		6 AGE (IN YEARS LAST BIRTHD)	MONIHS DATS	IF UNDER 24 HRS HOURS MIN.
0	nerol dire	35		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTS	RY? 8 MARRIE WIDOWI	D X X EVER MARRIED D	Baltimore City or C	COUNTY OF DEATH	MD.
3	by the fu	Duffied &	10 C	TY OR TOWN OF DEATH  Balto.	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI St. Agnes Ho	SING HOME (	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WITH	ORKING LIFE) 126. KIND C	OF BUSINESS OR
ND 2 Pg	24 Miled in b	must be	USU.		OR OTHER INSTITUTION. GIVE RESIDENCE BE	FORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZI	P CODE Balto	.,Md.
MARYLAND	d whhom	aminer	14. FA	Thomas	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE	LA	AST
MORE, A	and tom	nedical e		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166. SOCIAL SI IVE WAR OR DATES! 1-1954 217-03	ECURITY NO.	17 INFORMANT 318 Phyllis H.	S. Augusta	AveBal	to.,Md.
N ST., BALT	ing physicial propers.	tic event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line lar (a), (b), ED BY: ATE CAUSE (a) HEAU	and (c).1	ailure	λ.		XIMATE INTERVAL LONSET AND DEATH
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DIVISION OF VIT	YSICIAN: ding phys s certifica ourial-trar Mental Hy	r Hem 18	MEDICAL CI	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	ZII LOCATION	RED (ENTER NATURE OF INJURY IN	LITEM 18 PART I OR PART 2)	
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	by the high	ANT. F		22d. PHYSICIAN'S NAME (TYPE	OR PRINTING	10-1	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	1 6	5/4/86
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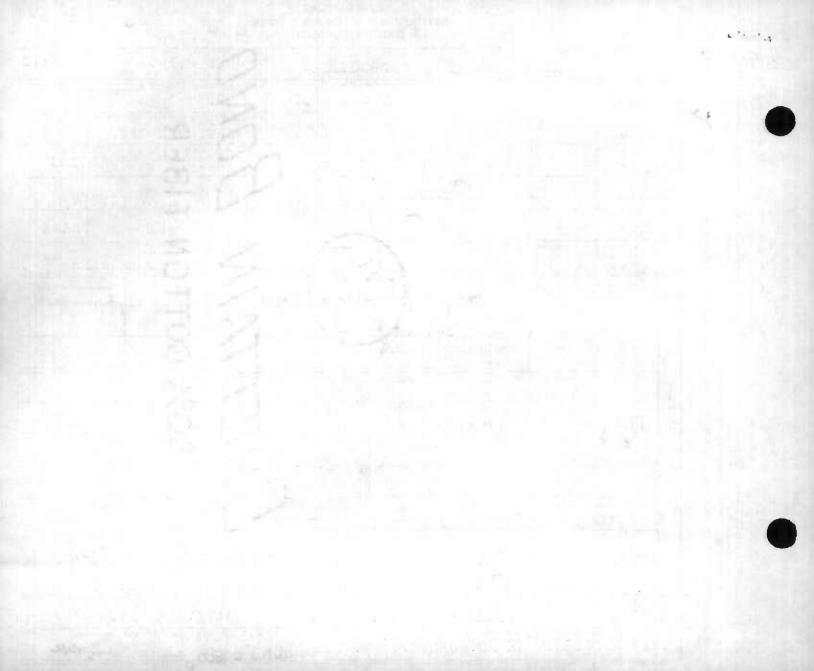
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	AND SECTION		orth Car		U.S./			WIDOW		DIVORCE			more			MD
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	A # 수 부 #		SIGNATURE_	Mull	un NI	nu	0/11	M	K Ass:	istant	MEDICA	LEXAMIN	ER	DATE	_D 6/.	30/86
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	A D W B B B B B B B B B B B B B B B B B B	-	(TYPE OR PRINT)	Der	nnis F. Sm	yth.	M.D.		ADDRESS_	111	Penr	St.			411.72	
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	23a.B	URIAL, CREMATIO	N, REMOVAL ?			AME OF CEM				23d. LOCA	TION		COUN	uT y	CTATE
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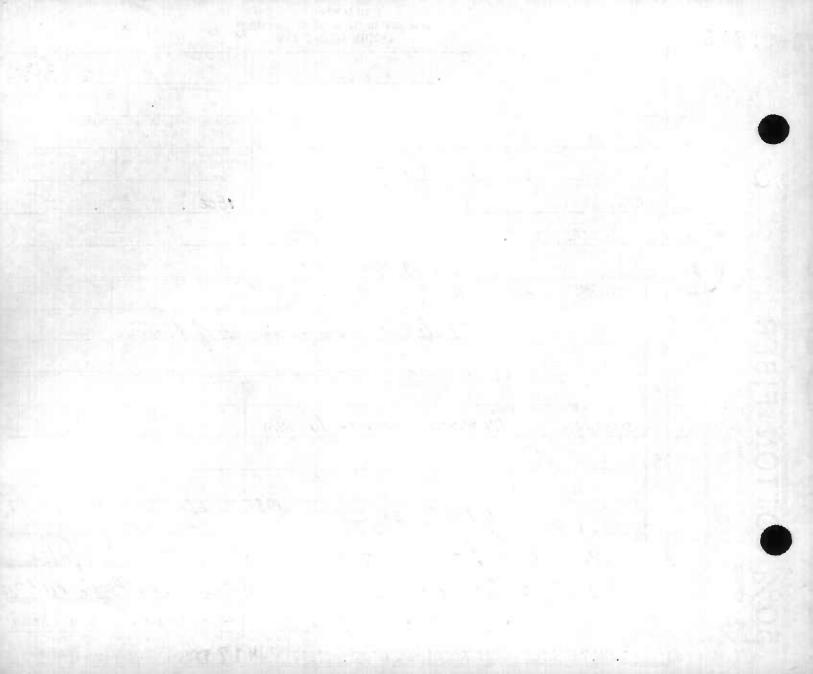
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1 4 0 1		REGISTRAR CEASED NAME	FIRST PE	ter (Pe	ete)	Ro	Roman	REG. N	0. MONTH DAY 6 - 3		26 HOUR
ors after d	3. SE	MALE		RACE Whi		5 DATE 9	BIRTH29 14 -29-1914	6. AGE (IN YEARS LAST BIR	YRS		HOURS MIN
25	1	IRTHPLACE (STATE OR POWN OF DE	ria /	U.S.+	WHAT COUNTRY?	WIDOWE	NEVER MARRIED DOWN DIVORCED DOWN OTHER INSTITUTION	BALTIMORE CITY C	MOR	ECIT	Y M
140	Ţ	SALTIMO AL RESIDENCE (IF NUR	RE/	GOOD	SAMA	PITA	N HOSPITAL	(TYPE) F WORK FOR MOST OF	OF WORKING (IFE)	INDUSTRY	riner
06	7.30	Maryland ATHER'S NAME	LI36 COUNT	imore	Perry H	all	13d INSIDE CITY LIMITS?  YES NO X  15 MOTHER'S MAIDEN NA		zip code ington	Road 2	1236
120	/	Tony WAS DECEASED EVER		DDLE ED FORCES?	Roman.		Arna 17 INFORMANT	ADDR		arlosk	ry .
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permit Then please ren me prior to buriol, crem the day rejuty, or other?	IFICATION	gove rise to imicouse ioi, statii underlying cause PART 2 OTHER SIGI	lost VIFICANT CO	ONDITIONS C		DEATH BUT	NOT RELATED TO THE TER/	280 AUTOPSY?  YES   NO ST	20b IF YES, V	VERE FINDING CAUSES (	GS USED
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vid be detached for the State Dept of P ORTANT If them 31		sow the deceosed bove, (I) (we) (  22b. SIGNATURE  LOKE  22d. PHYSICIAN'S N  LOKES	AME (TYPE ORP	view the body	or Elaro	7	22e ADDRESS	MEDICAL STA DIRECTOR PHYSIC	FF CIAN 🖾	224. DATE S	30-86
2413-		BURIAL, CREMATION, (SPECIFY) Entombr	REMOVAL	23b DATE 7-03	235, 1	NAME OF CE	METERY OR CREMATORY  Nemorial Po	23d LOCATION LINE Bluefiel	d Merce	OUNTY On O	STATE Va
+ - 16 60M 7/B4 VRA 15, 4)		rarles S.Z.	eiler (	& Son S	Inc. 901	S.Con	eling St. 250. DA	TE REC'D, BY REGISTRAR	256 REGISTRAI	R'S SIGNATU	IRE

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STATE OF MARYLAND



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	hen hen to bu	lock.	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CC	NIKIBUTING 10 I	DEATH BUT	NOT RELATED	D TO THE TERM	INAL DISEASE C	RCONDITION	GIVEN IN PART	110
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N O	Derm ne pi	7	FIC	5/30/86	META	KTATTO (	APCINO.	()	FATTIM	S - 10 St	IN CE	RTIFYING CAUS	SES OF DEATH?
DIVISION OF VITAL NG PHYSICIAN: The	cote h ronsit Hygie		ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME O	FINILIPY	79-2(110.		VILIPY OCCUPA		OE INJUIDA IN ITEM	YES 18, PART 1 OR PART 2	NO []
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NO ST	os ti	O N		AT WORK					***	^ _	1		
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ATTEND	CTO for	7		sow the decrosed olive o	ot) view the body	over woth.	, one	d that in (my)	) (our) opinion i	deoth occurred o	n the date and	hour and from t	the couses stated
0x -E	DIRE	5		22h SIGNATURY	1 /1 3		D	EGREE				22c. DA	ATE SIGNED
				Starold	12-6	ansel	1. N.	1.D.	PHYSICIAN Z	DIRECTOR [	STAFF PHYSICIAN	6	11/86
HOSPITAL	FUNERAL old be den othe State			22d HAN'S NAME (TYPE	OR PRINT)		,	22e ADDRES	ss Mr	11-	. 0	2 11	11/7.4
O HOS	TO FUNERAL should be determined by with the State			(HKULI)	E. MA	MSEY		20	1115	1º IECHE	N ST.	Dolta	1.11/11/11
			غلير	URIAL, CREMATION, REMOVA	6-16		D .	METERY OR	CREMATORY	23d LOCATK	WN .	COUNTY	AATE D
BP	)			urial	6-16	O CR	dar	HUL	(emit	100	The	e M	aujuna
	16 50M 1/76		74 FU	NERAL DIRECTOR		ADDRESS			1111		ISTRAR 25b. REC	GISTRAR'S SIGN	ATURE V
(VR /	A 15 (4) )	- 0.3		E.EL.PHILLIP	S 1721	NORTH MO	NROE S	T. 212	217 JUI	NIVO	86 3	Dandson	-Nanasar



3621 E. Fayette St. 21224 Barker Same as # 13e Monl PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated PHYSICIAN DIRECTOR PHYSICIAN Denis W. MacDonald Highland Avenue Baltimore, Maryland 230 BURIAL CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY STATE Cremation 6-14-86 Baltimore, Maryland Westview 24 FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore, Maryland frika Davidson-Mandales

STATE OF MARYLAND

2b. HOUR

12b. KIND OF BUSINESS OR

10:45pm

IF UNDER 24 HRS

1986

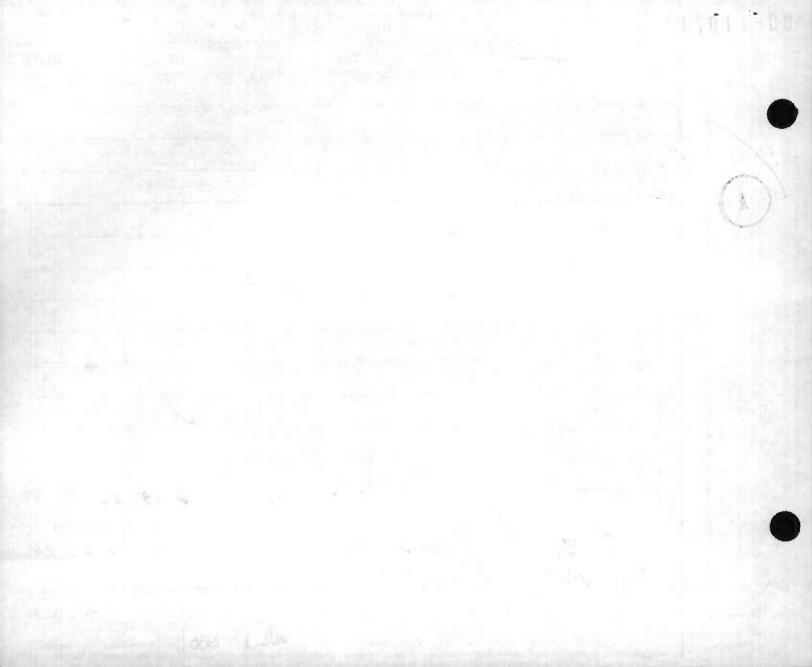
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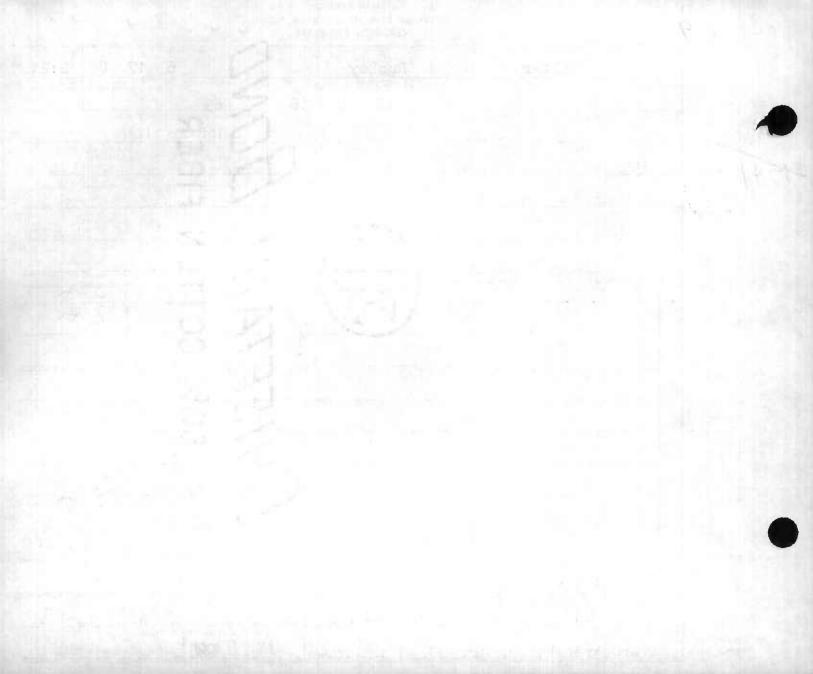
INDUSTRY

DHMH - 16 60M 7/B4 (VRA 15, 4)

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	Item # 13 e, Film (		STATE OF MARYLAND		2 2 2 0
	FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE 8 0	6 9 5 7
10-08286	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
m.c	1 DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
oge deat	Catherine		Sache	6/2/86	6.30 MA.M
Ter o	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
rs of a	Female	Caucasian	12-11-07	78 YRS	
2 24 6	70 8 IRTHPHACE gary POREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OFDEATH
		United State		Baltimore C	ity MD.
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MAR dud xom	FIRST	MIDDLE LAST  Kirscl	h Anna	WIDDIE	Schumacher
RE, J	Peter 160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC		ADDRESS	21210
MOI pond	(YES, NO OR UNKNOWN) (IF YES, O	215-48-	-9048 Mrs. Margar	et A. Quinn 4401	Roland Ave
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BP	(SPECIFY) Burial			CITY OR TOWN	COUNTY
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DHMH - 16 60M 7/84 (VRA 15, 4)	NAME	ick Inc. Baltimor		1111	Davidon Donasa
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DIVISION OF VITAL PECORDS, 201 W. PRESTON ST. RAITIMORE MARYLAND 21202			HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours, they death. Page 4 may be med by the hospital or attending physician.	THE ALD DIRECTOR: After this certificate has been signed by the ottending physician and complicitly filled in by the formal ministor, page 3	The street Dept of Heelth and Mental Hygene prior to burial, cremotion, or removal.
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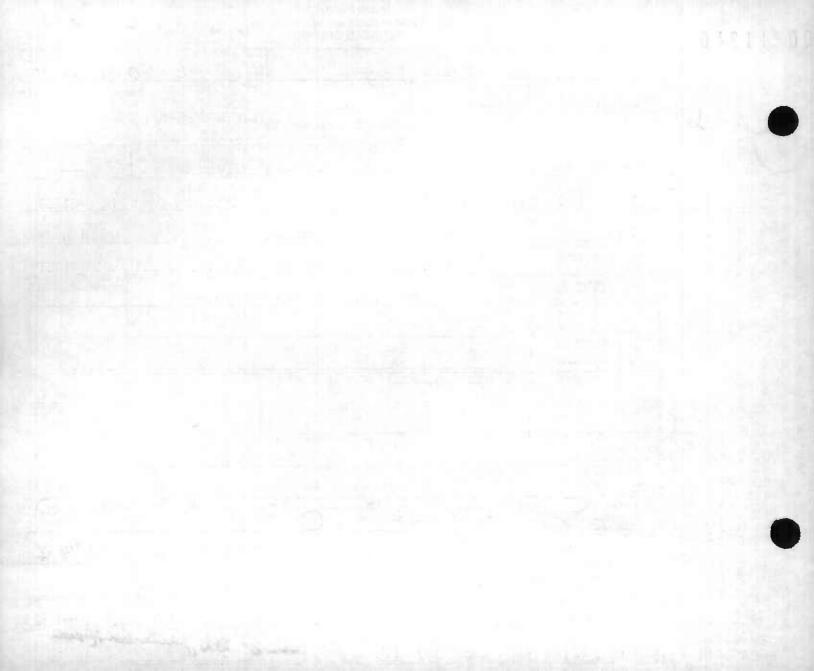
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(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH MONTH DECEASED NAME 2b. HOUR (TYPE OR PRINT) **EMOGENE** DOLORES SANDERS 6 AGE LIN YEARS LAST BIRTHDAY 3 SEX 5. DATE OF BIRTH 4. RACE DAYS FEMALE WHITE 46 39 YRS BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Maryland U.S.A. BALTIMORE WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY BALTIMORE UNION MEMORIAL HOSPITAL Homemaker HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION USUAL RESIDENCE LIF NURSING 13a STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 21157 Maryland Carroll Westminster 1001 Tawney Town Pike NO X 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE Carl Smith Greathouse Dolores 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 214-32-8022 Carl Greathouse 101 Cromwell Ave. 21.061 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY agenocarzinoma metastatio IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [ 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE STREET (AT HOME STREET FACTORY OFFICE FARM ETC ) NOT WHILE 22a.1 certify that ( (this hospital) atlended the deceased from (we) 86 ppinion death occurred on the dale and have and from the causes stated and that in (my DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 27 ADDRESS OR PRINT JEFFREŸ COOL, UNION MEMORIAL HOSPITAL 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23d LOCATION 23b. DATE (SPECIFY) Maryland Burial 7/2/86 Glen Haven Mem. Park Glen Burnie A.A. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REG DHMH - 16 60M 7/84 Hubbard Funeral Home, Inc. 4107 Wilkens Ave.



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STATE OF MARYLAND TO DEPARTMENT OF HEALTH AND MENTAL

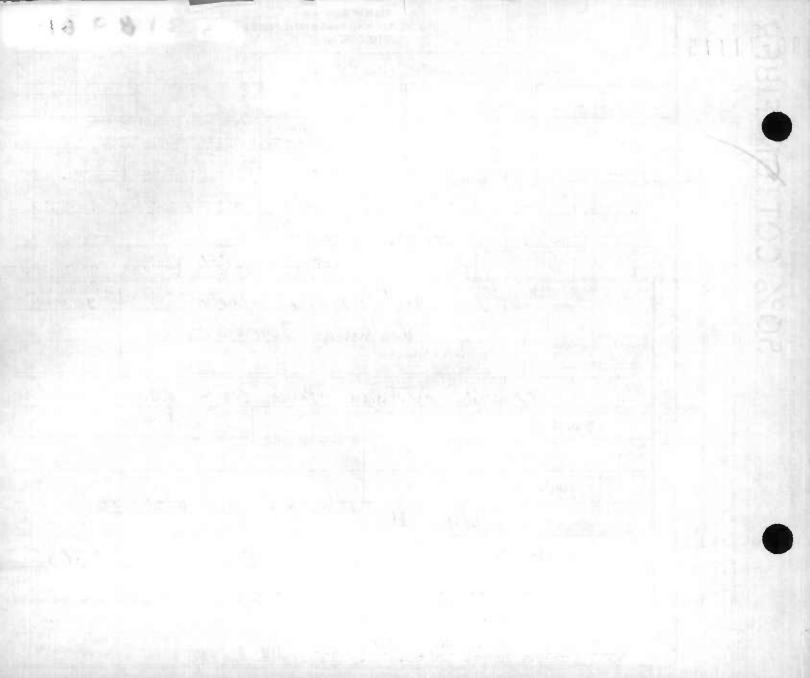
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

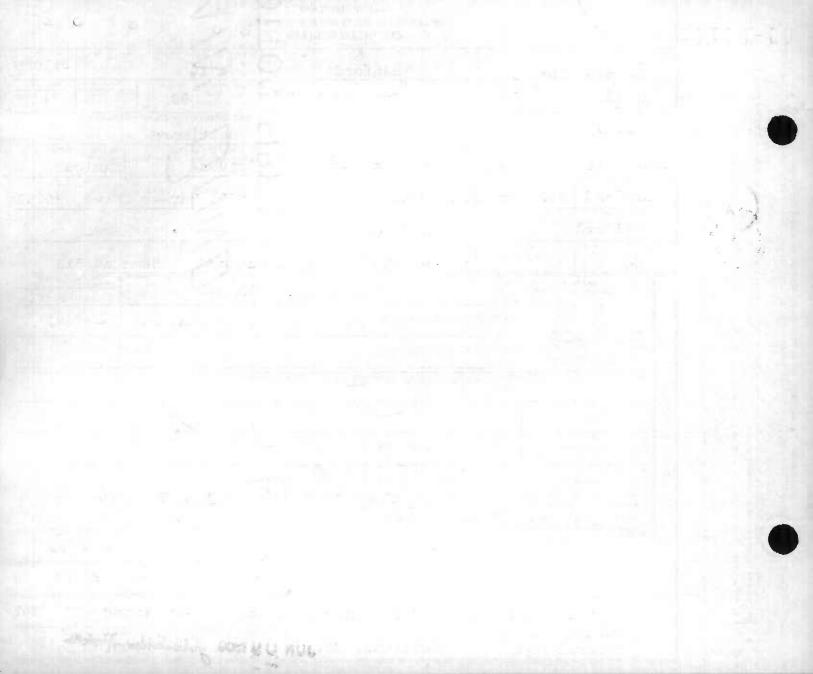
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		sow the deceased alive on above, (I) (we) (did) (did no	ot) view the body	after death.	DV, or		y) (our) opinion (	deoth occurred o	n the dot	e ond ho			
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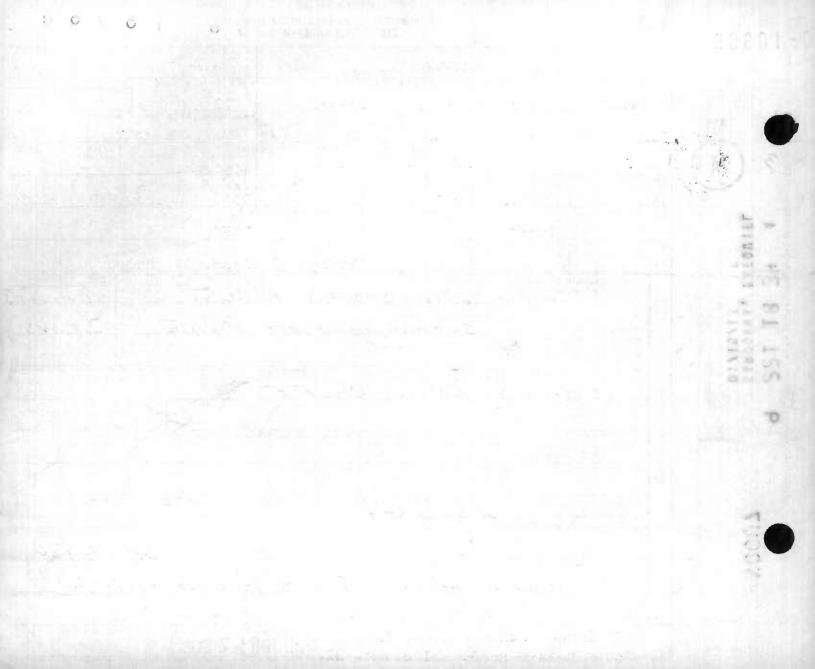


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-09458 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NU DECEASED NAME 20 DATE OF DEATH MONTH 7h HOUR (TYPE OR PRINT) SIDNEY JUNE 11. 1986 SAPPINGTON 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) NOT IN SUCH FACILITY, GIVE STREET ADDRESS INDUSTRY BALTIMORE JOHNS HOPKINS HOSPITAL Mechanica UAL RESIDENCE LIF NURSING HOMEOR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 21666 13e STREET ADDRES 13d. INSIDE CITY LIMITS? Lane foint FATHER'S NAME 15. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT (IF YES GIVE WAR OR DATES) tcher Towson Mi 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: ETROMECHANICAL DISSOCIATION ann IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF YPOTENEION Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DENO CAKCINOMA LUNG 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ 71n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (aur) apinian death occurred on the date and haur and from the causes stated 22b. SIG 14 THE 22c. DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL nuld be deto h the Stote ORTANT: II PHYSICIAN DIRECTOR PHYSICIAN D 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS JOHNS HOPKINS 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Hnne's DHMH - 16 50M 1/81 (VRA 15, 4) Chanel-Hongpolis ML

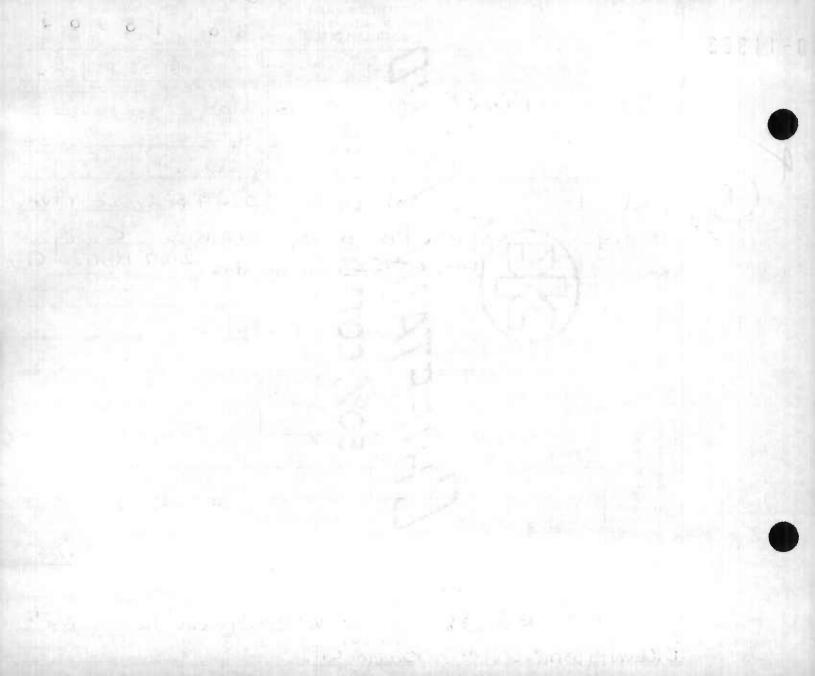
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE OF DEATH 26 HOUR TYPE OR PRINTS EXEQUIELA ARNANTE SARDONA 6/20/86 3 SEX 4. RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYPAR MONTH DAY DAYS HOURS YEAR Filipino 15/13Female YRS TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Philippines BALTIMORE CITY Philippines

Town of DEATH WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) THE JOHNS HOPKINS HOSPITAL INDUSTRY BALTIMORE Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. COUNTY
131. CITY OR TOWN 13g STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 21236 Balto Balto. YES [] 9008 Hedgerow Way Md NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST LAST UNKNOWN UNKNOWN 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES. NO OR UNKNOWN) Evelyn Cipriaso, 9008 Hedgerow Wav No None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 21236 18. CAUSE OF DEATH (Enter only one cause per line far 10), (b), and 101.1 PART I. DEATH WAS CAUSED BY CARDIO QUILMONART IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF SUBARACHNOID HEMMORHAGE Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH entol MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 71e PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from 860 saw the deceased alive an_ and that in (my) (aur) apinian death occurred on the date and haur and Iram the causes stated abave. (1) (we) (did) (did not) view the body offer death 22h, SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN TOMANNE TOTAL CHIEF 22e ADDRESS 600 N. WOLFE ST. BALTO. 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Balto., Md. STATE Burial St. Joseph's 74 FUNERALDIRECTOR Munek Funeral Home, Inc. 25a. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4) 9705 Belair Road, Palto., Md. 21236



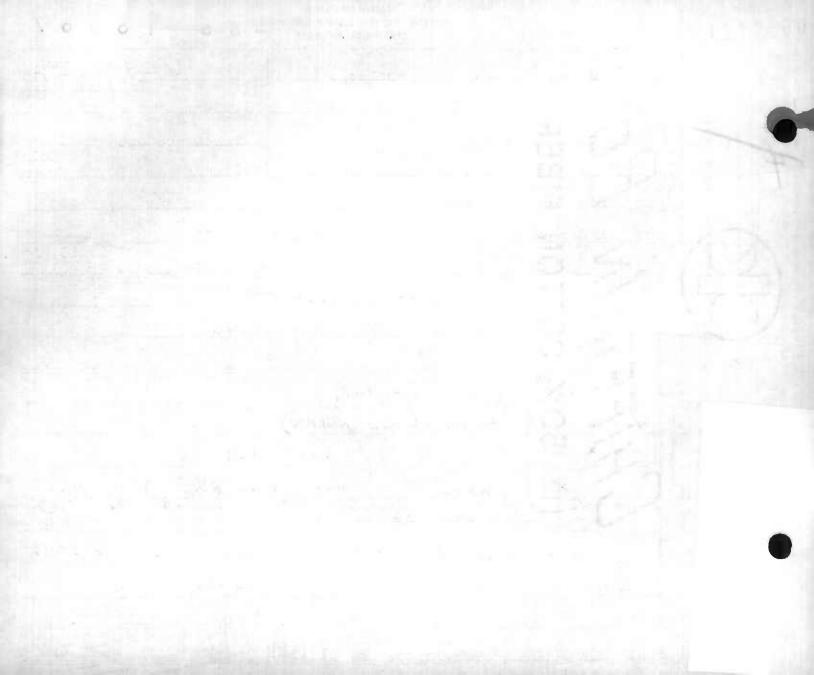
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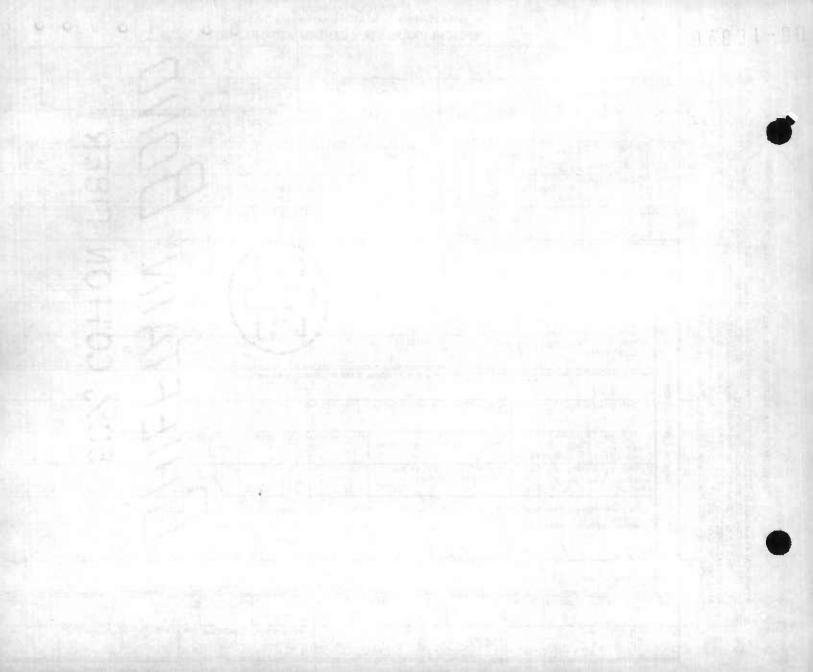
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	る事品品の	ID CI	TY OR TOWN OF DE	ATH	11. NAME OF H	HEACILITY, GI	NURSING HOMI	E, OR OTH	ER INSTITU	TION	12a USU FOR	MOST OF WO	JPATION (	TYPE OF W	VORK 12b	OR INDUST	
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BALTIMORE, MD.	URS AFTER DE B. GIVE PAGE WITH FORM IT. PAGES I DIVISION OF	X	S, NO, OR UNKNOWN)	(IF YES, GIVE V			-82-61				F.	Sau				imore	
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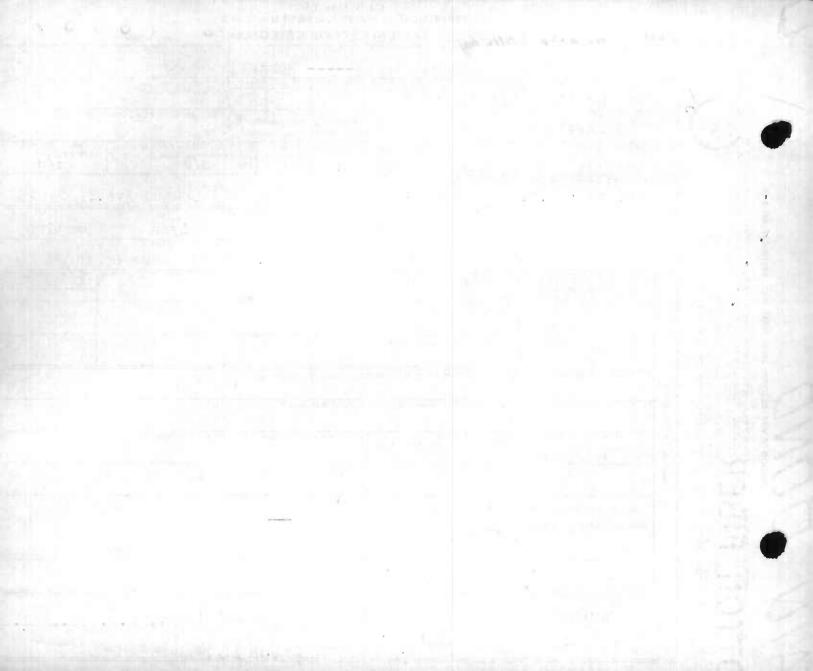
00-11112		y M.E. 9/3/86 DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6 1	6967.
o 6	REGISTRAR  1 DECEASED NAME FIRST (1YPE OR PRINT)	WIDDIE	LAST	REG. NO.	20. 1100%
moy be poge 3	James	J.	S. DATE OF BIRTH MONTH DAY YEAR		9 86 1244Am FUNDER 1 YEAR IF UNDER 24 HRS DNIHS DAYS HOURS MIN.
	Male 76. BIRTHPLACE (STATE OR FOREIGN	Caucasian	Nov 9,1895	90 YRS	
一个 社	COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	
ATT	Maryland  10 CITY OR TOWN OF DEATH		WIDOWED DIVORCED DIVORCED DIVORCED	Baltimore C:	176 KIND OF BUSINESS OR INDUSTRY
541 1194	Baltimore	Union Memo		(TYPE OF WORK FOR MOST OF WORKING LIFE)  Salesman	Royal Crown
1 1 1 1		OR OTHER INSTITUTION, GIVE RESIDENCE REFOR	ADMISSION)	13e STREET ADDRESS / ZIP CODE	THOYAL CLOWN
should be a	Maryland -	- Baltimo		4943 Belair	Rd, 21206
de de la composition della com	FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
RE. M	Stephen Gera 160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECL	IRITY NO. 17 INFORMANT	Connolly	21212 7***
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BALT rote k sysicio oppers wol.	18 CAUSE OF DEATH (Enter	only one couse per line for (a), (b), on	dic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IST., ng ph bonp remo		ATE CAUSE (o)	rdiac arrest		
PRESTON The death or The otherdin The other or The matten, or Throumotic	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE		IN IN MAIN	
PRE of the of the other or the	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE		00 M 0 M 0 M	
thot thot d by d by oi, cre	underlying couse lost	(6)	inct or		
DS, 20 quires signed hen pl no burn njury, o		1. 1 1 1	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	V IN PART 110
No.	190 DATE OF OPERATION	1001-16 001001	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES.	WERE FINDINGS USED
	Proba	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX YES NO P IN CERTIFY	ING CAUSES OF DEATH?
NG PHYSICIAN The offending physicion that this certificate h as the buriol-transit phond Memol Hygier phond Memol Hygier prived or lien 18 show	on convenience of the California		AY YEAR 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T : OR PART 2)
SICING P	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE STATE OF THE	VER) P.M.	17	XXXXXXXXX	
AISIO	- WHITE SOUNDING VISTO	210 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE F	ARM ETC ) 211 LOCATION STREET XXXXXXXX	CITKORTOWN	COUNTY
Affe of the mork		pitol ottended the deceosed from_	June 20 19 86	- to June 29	86 that the Wellost
ATTEN Spital CTOR 3 for of He	sow the deceased alive		& . and that in (my) our opinion	death occurred on the date and hour o	and from the couses stated
A S S S S S S S S S S S S S S S S S S S	226. SIGNATURE	4 010 1		by Dr. A. Dixon, MEDICAL STAFF	M 21E DATE SIGNED
	22d. PHYSICIAN'S NAME (14P)	O. O Daniel		DIRECTOR PHYSICIAN	6-29-86
0 0 0 + 0	Dr.	Daniel M		niversity Parkw	ay
	230 BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	Burial 24 FUNERAL DIRECTOR		arrison Forest	Owings Mil	
MH - 16 60M 7/B4 (VRA 15, 4)	NAME		premis ra	10 0	No.
	SCHILIONEN FU	NERAL HOME, Bal	to, Ma. 2121300	7 1980 1-1940 M	ridge Adapties



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	#5E 5E	1. SEX	4 RAC	CE	5 DATE OF BIRTH	YEAR	6. AGE (IN YE		DER 1 YR.	IF UNDER 24		DATE	D	MONTH	DAY	YEAR	2d HOUR
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-	SAS ERVY		LACE (STATE OR		76 CITIZEN OF WI	HAT COUN	TRY?	8 MARR	IED X NEV	ER MARRIED	9 B/	ALTIMOR	E CITY OF	COUN	TY OF D	EATH	
-	DAN FEAT		th Caro		U.S.A	١.		WIDOW	/ED 🗆	DIVORCED			more		У		MD.
-	2 # K B	10 CITYO	R TOWN OF DE	ATH	11 NAME OF HOS			E, OR OTH	ER INSTITUT	TION 12	OR MOST	OCCUPAT DE WORKING	ION (TYPE	OF WORK	12b KIN	INDUST	SINESS
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- Q	T STORY	14. FATHE	R'S NAME	1197	MIDDLE		LAST		15. MOTHE	R'S MAIDEN	NAME	MIDDL	F			AST	
- 1	\$500 S	_	erett				rough		A A	lice		moor		Wh	itle	ey .	
WO	ON STATE		DECEASED EVER		MED FORCES?	16b. SOC	IAL SECURIT	Y NO.	17. INFORM	MANT		F	ADDRESS				1915
. BALTIMO	A STAR	YES		( 103, 0112	Tracon britan	21	7-26-4	011	Mary	Scarbo	orough	183	30 N.	Bro	adwa	ау	
	28,3 1.0	18	CAUSE OF DEA	TH (Enter on	ly one couse per line	far (a), (b)	, and (c).)		1400				-		AP BETV	PROXIMATE	INTERVAL AND DEATH
Z S	24 HOUR ITEM 18. LONG W PERMIT. SIENE, D		PART I DEATH V	MMEDIA	TE CAUSE (a) Smc	oke &	soot	inhal	ation	& ther	rmal k	ourns	Š				
STO	9=3-0>	/	8 100		DUE TO, OR	AS A CON	ISEOUENCE	OF									
PR	CIL IN VER A VER A ANSIT REMC		Conditions, if		(b)							76.3					
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	DE EXECUTED SENDING" IN FACILITY OF SENDING SE		2 OTHER SIGNIFICAL	NT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERM	AINAL DISEAS	E OR CONDITION	GIVEN IN PART 1	la			7-11			
0	ULD BE EXE PENDING FF MEDICAL ED AS A BU HEALTH AN L, CREMAN	CERTIFICATION 1961											-1-				
7	A HEEF POR	S 190	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 A	UTOPSY?					
VIT.	S S S S S S S S S S S S S S S S S S S	RT IF	210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART										ES 🗌	K) ON			
0	CERTIFICATE SH ITING THE WOR DED TO THE CH E 3 SHOULD BE U COPPARTMENT OF PRIOR TO BUR		EXTERNAL CAU		21b. TIME OF	MONTH	DAY YEA	R 21c. Ho	OW INJURY	OCCURRED (	ENTER NATUR	E OF INJURY	IN ITEM 18 PA	ART I OR PA	RT 2)		
O N	A P C C F S	S CO	NTRIBUTING [	CAUSE OF I				6 Ho	ouse fi	ire.		77.7			4.7		
N N	REDEP REDEP SE 3 SI SE DEP	WE WE	INJURY OCCUR		21e PLACE (	ORY, FARM, E			CATION		CITY	OR TOWN		co	UNTY		STATE
٥	E, WRIT RWARDE PAGE 3 STATED	AT	WORK AT V	VORK 5	h h	ouse		82	N. Wo.	lfe St.	., Ba	lto.					MD
	ATE. PATE.	963	22a. I certify that	I taak charg	je of the remains des	cribed obo	ve, held on	Autop	sy ,	Inspection	X , In	quiry [	]. ond	In my of	pinian		
	EXAMINER CERTIFICAT OULD BE FOI DIRECTOR! , WITH THE MARYLAND	de	ath resulted fram	n; Natur	ral causes .	Accident	X S	icide	, Homici	ide .	Undetermin	ed manne	er .				
	WAR WAR			1100	d		1-10		TITLE (SF								
	K. A. H.	SIG	NATURE	MANY	me 19	e y	XVI	/M	D. ASS	istant	MEDICAL	EXAMINE	ER	DATE		5-16-	-86
	EDIC JUE 1 A S MORE	EXA	MINER'S NAME	1 0		77	17 14			111	D	21	D-11		NATO.	2120	1
	TO MEDICAL EXY EXECUTE THE CER PAGE 4 SHOULD TO FUNERAL DIR AFTER DEATH, W BALTIMORE, MAI	(TYF	E OR PRINT)	Marc	garita A.				ADDRESS		Penn S		Balt	0.,	MD	2120	) T
	EDSE49	(SPECIF'	CREMATION,	REMOVAL 2					R CREMATO	1	23d LOCAT	WN	. 7 7	COU	NTY		ATF
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23/41	DHMH - 17	NAN	3	2 11	ADDRESS					"UNIZE	1988	ISTRAR A	NO RECEIP	TRARS	GNATI	UKF ==	
	(VR A15 ME (5))	Marc	h Funer	al Hor	mes 1101	tast_	North	Avenu	ie l		.,,,,,	U					2



STATE OF MARYLAND FOR Film G619 item 18. DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20. DATE KNOWN MONTH TYPE OR PRINT OF ESTI-Scott Schaal Tyler 6/ 19 86 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 3 SEX DATE LAST BIRTHDAYS PRONOUNCED White Male 1986 / 19 86 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland USA DIVORCED Baltimore City, WIDOWED 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS IL-NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 3. RETAIN PACE SHOULD BE FILED OR INDUSTRY FOR MOST OF WORKING LIFE! n/a South Baltimore General Hospital Baltimore 13d. INSIDE (ITY LIMITS? 13d. STREET ADDRESS SEWARD AVe., Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Vickie MIDDLE Schaal Bastien Edward Lvnn Craig 17. INFORMANT ADDRESS 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Craig E. Schaal Same as n/a no 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 11FM 38 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALGNG TO FUNERAL DIRECTORY PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PERMIT AFTER DEATH, WITH THE STATE OFPARIMENT OF HEALTH AND MENTAL HYGIENE. BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Malnutrition and Dehydration IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 (n) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 6 CONTRIBUTING CAUSE OF DEATH 1986 subject neglected 21e. PLACE OF INJURY 21f. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE Seward Ave. Baltimore home 22a. I certify that I took charge of the remains described prove, held on Autopsy Inspection ond in my opinion death resulted fram: Natural causes Suicide Undetermined manner TITLE (SPECIFY) DATE 6/11/86 MD Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. 236 LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY STATE 6/13/86 etery Baltimore, A.A. Co.
25a. DATE REC'D. BY REGISTRAR'S SIGNATURE Burial Cedar Hill Cemetery Baltimore, Md. 21225 24. FUNERAL DIRECTOR **DHMH - 17** twis beiden forper McCully Funeral Homes 237 E. Patapsco Avall (VR A15 ME (5)) 20M 4/82



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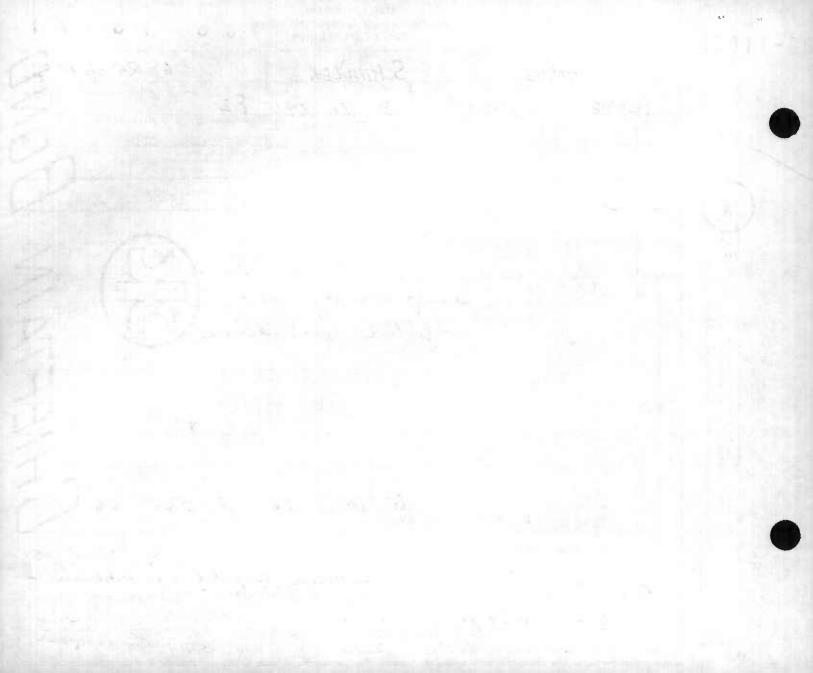
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STATE OF MARYLAND



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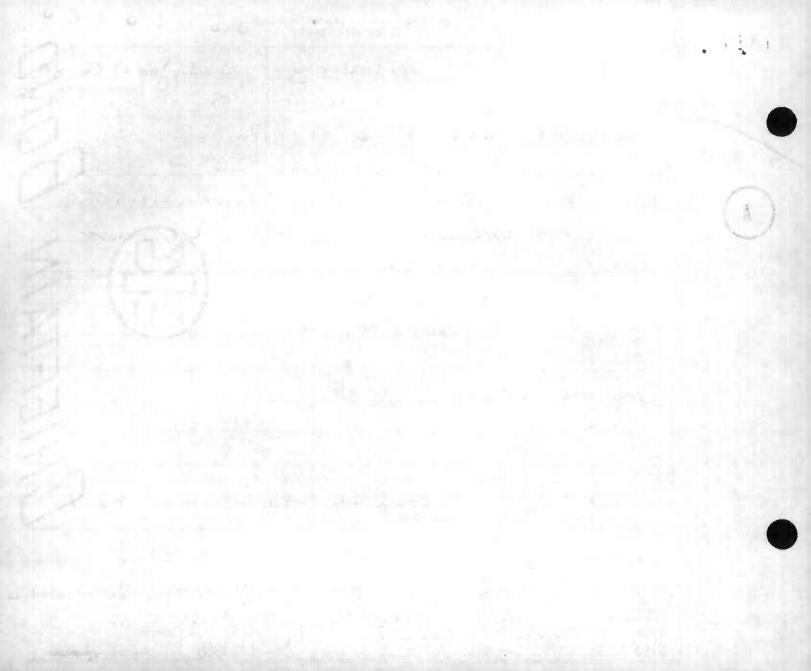
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	1			STATE OF MARTLAND		1 3 1 3
	1.	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	00.	5 4 1 4
11074	4_	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
2 : 0.1		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1.0 /		Bluma		en od 220 ld 2	Junday to	ma 29 86 2A M
25 0/	3 SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTED (Y)	IF UNDER 1 YEAR IF UNDER 24 HRS
8 8 B	0		0.0	MONTH DAY YEAR	95	MONTHS DAYS HOURS MIN.
	7	emale	(aulasia~			ts .
317		RTHPLACE   STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8.  MARRIED NEVER MARRIED	BALTIMORE CITY OR COU	NTY OF DEATH
6		GERMAN'	U.S.A.	WIDOWED DIVORCED	1 haltomore	Carley MD.
9	10 C	TY OR TOWN OF DEATH	1] NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	CHAPRMAN OF THE BOARD	E CASTABUFOODR
#/	0	011	(IF NOT IN SUCH FACILITY, GIVE STR	2 1 000 11	VVV BOARD	XXXX CORP
8.6	2	attore	COTHER INSTITUTION GIVE RESIDENCE BEF	190 OT 2014100	a mane	and com
\$26	13a	TATE 136 GOUI	NTY 130 CITY OR TO	OWN 134 INSIDE SITY LIMIT		
E	1	M.D Balt	. Coty Rattor	nore YES NO	4242Milford	Mu Road
	14. F/	THER'S NAME		15. MOTHER'S MAIDEI		
43	0	FIRST	XX 1) All	FIRST X	XXX MIDDLE	Nous AC
70	140.3	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE		ADDRESS	1 040711
- 6		(ES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)			
9	NC	XXXXXXX	212-23	MR FRED S	CHLOSSBERG 3833 M	ENLO DR. 21215
£-		18 CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b), ED BY,	ond ic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		PART I. DEATH WAS CAUSE	TE CAUSE (O) Candio	o arrest		
9		IMMEDIA				
9 8			DUE TO, OR AS A CONSEC	2 - 2 - 1 1		
3		Conditions, if ony, which gove rise to immediate	(b) - Probo	RESCONO.		
4		couse (o), stating the	DUE TO, OR AS A CONSEC	DUENCE OF		
		underlying couse lost	(c)			
, o		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
ulpo	Z	appliance	mielona.			
1	CERTIFICATION	19g DATE OF OPERATION		CH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
: 7	분					ERTIFYING CAUSES OF DEATH?
2=	E	none		The How himself	YES NO	YES NO
=0	2	21a ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING   CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM	118 PART   OR PART 2}
1	M	(IF EITHER NOTIFY MEDICAL EXAMINE	^1111	19		
0	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR FOWN	COUNTY STATE
50	至	WHILE NOT WHILE	( AT HOME STREET, FACTORY, OFFIC	E, FARM, ETC ) SIREET	CIII OK JOWN	31810
9		AT WORK	A Daniel and Alanders and Alanders	Tune 250 19.5	660 to June 29	
-		saw the deceased alive or	ital) attended the deceased from			
8		obove (1) we) (did) did no	ot) view the body olter deoth.	ond that ir (my) (our) op	mon death occurred on the date and	
ž.		22b. SIGNATURE		DEGREE	/	22c. DATE SIGNED
5	1	7,11000	10 20	ATTENDII PHYSICIA	MEDICAL STAFF	
ξ.	1	22 d. PHYSICIAN'S NAME TYPE	ORPONT	22e ADDRESS		
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MPORTAH		Mary J.	Nioken Ma		yortal Retrede	ne at lance John
	23a	BURIAL, CREMATION, REMOVAL		C. NAME OF CEMETERY OR CREMAT	CITY OR TOWN	COUNTY STATE
		BURIAL	6/30/86	CHEVRA AHAVAS CHE	SED RANDALLSTOWN	BALTO MD
7/04	24 F	UNERAL DIRECTOR SOL	LEVINSON & BROS	., INC. 250	DATE REC'D. BY REGISTRAR 256. RE	
M 7/84 4)		NAME	WN RD. BALTO, MD		JUL 1 - 1986	municon-vandelle
/	1	OTO METOTEMOTO	mi in Druid, Pil	61 1 1 J	2 1000	



injury, or other troumatic

IMPORTANT: If Hem 21 is morked ar Hem, 1B shows

## STATE OF MARYLAND

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1 -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	0	G. NO.	6	7	1	4
	EASED NAME	FIRST	۸	AIDDLE	L	AST	20. DATE OF DEA		DAY	YEAR	26 HOU	R
7-6		REV.	FRANCIS	J.		HMUTZ		2, 1986				М
3. SEX			4 RACE		5. DATE C		6. AGE (IN YEARS L	AST BIRTHDAY)	MONTHS		HOURS	24 HRS MIN.
Ma			White		Dec.	27, 0 1896 FAR	89	YRS	4.5			
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Ba	Y OR TOWN OF <b>ltimore</b>		911	W. Lake	Ave.	DR OTHER INSTITUTION	120 USUAL OCCI	MOST OF WORKING	LIFE! INDI	KIND OF USTRY	BUSINE	SS OR
130 51	RESIDENCE (IF ATE ryland	NURSING HOME (	OR OTHER INSTITUTION. JNTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimor	N	13d INSIDE CITY LIMITS?	13e STREET ADDR	ESS / ZIP COL	ve. 2	21210	)	
	HER'S NAME FIRST Martin		Joseph	Schmu	ıtz	15. MOTHER'S MAIDEN NA	ME	DLE	A	cke	rman	n
	S. NO OR UNKNOWN		RMED FORCES?	166 SOCIAL SECU 439-74-4		St. Joseph	N. Calv	of Sac		1202 lear		
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-	T WORK		pital) attended the	deceased from _		.19	to		19		hat (I) (w	ve) lost
	sow the dec	eosed of ve	n sot Niew the body	19	, 01	nd that in (my) (aur) apinion	death occurred on	the date and ha	or and fro	om the co	ouses sta	ted
	22d, PHYSICIAN	7/1	Min	Me	),	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN [	220	DATE S	IGNED	
13	Salv	atore	R. Donoh	ue, M.D.		Maryland G	eneral H	ospital				
23a. BU	RIAL, CREMATIC	ON, REMOVA	L 23b. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION					
(SP	Burial		6-6-8	_		thedral	Balt.	imore,	TOUND	and	ST	TATE .
	VERAL DIRECTO			1 313			E REC'D. BY REGIS				RE	

Leonard J. Ruck, Inc. Baltimore, Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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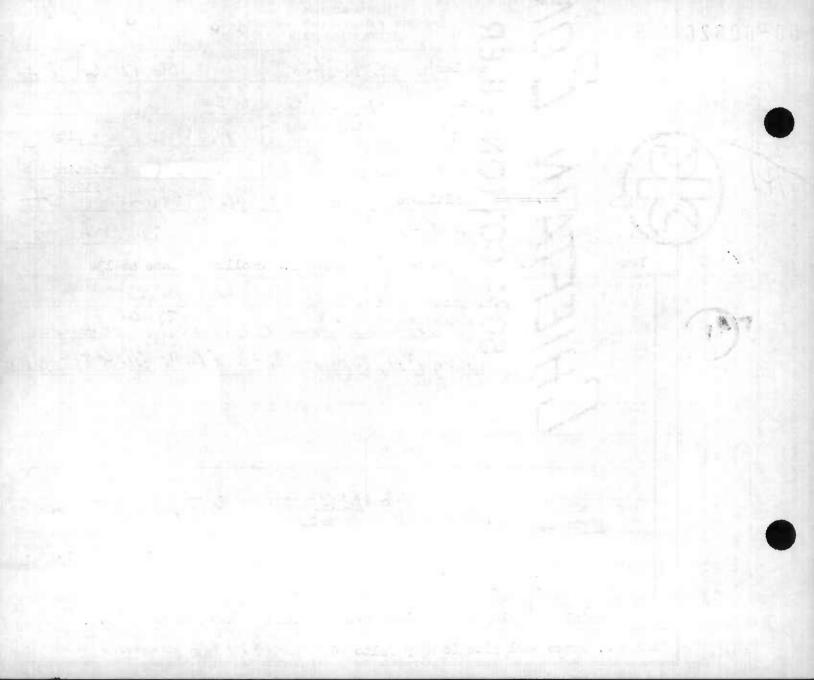
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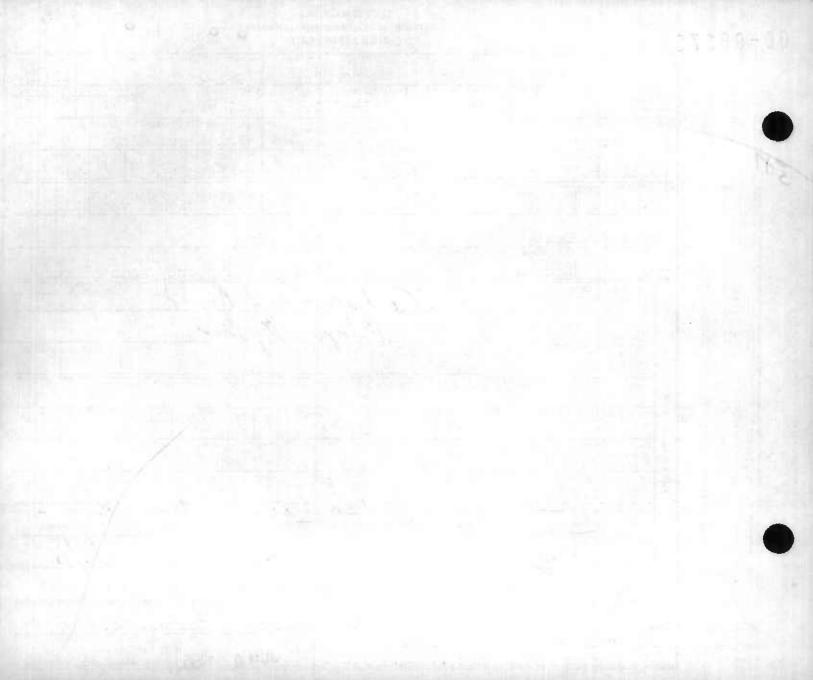
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	÷ 30 0	190	1 DE	OR PRINT) GARY	MIDDLE	SCHONLANI	/	0 14 86 735 AM
	poge deot	39.3	3. SE		1 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	, /IW
	ge 4 m		J. JL	Male	Caucasian	MONTH DAY YEAR	50	MONTHS DAYS HOURS MIN.
	Po dir	8 m /		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH
	deoth unero	o to	K	ANSAS	U.S.A	WIDOWED DIVORCED	1 Salt mo	MD.
	the f	P ded	12	TY OR TOWN OF DEATH	(IF NOT IN SUGH FACILITY, GIVE STREET	IMPORESS)	170 USUAL OCCUPATIO	WORKING LIFE) INDUSTRY
296	) \$ 2 = 1	2	AUST		Loch Paven	DE ADMISSIONIS	Retired	Disabled
AND 2	filled i	must	13a. S	M D Howa	VITY 13c. CITY OR TO		130.STREET ADDRESS / 18210 Tall	Trees Court.
SYL)	· · · · · · · · · · · · · · · · · · ·	-	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	LAST
MA	P 75/	150		Richard	Schonlaw	Edw		Horner
E,	3	3		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANTELLI	cott City ADDRES	^S MD 21043
IMO	9 4	dox	- (	Yes. 1959-				8210 Tall Trees Ct.
ALT	5 3 P	1		18 CAUSE OF DEATH (Enter or	nly one couse per line for (q), (b), o	nd (c),1	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Ţ.				PART I. DEATH WAS CAUSE	ED BY. TE CAUSE (0) Cardiay	sulmonary as	rest.	immediate
Z	ding orbo	otic e		WWWEDIN	DUE TO OR AS A CONSEQU	SENICE CEC	0 00	
STC	deoth otten	m o		Conditions, if ony, which	1 Heman		of cerebelle	m 18 years.
8	the c	ar tro		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ	ENCT OF	V	
*	by by ose	otho.	5	underlying cause last	1			
5, 20	gned gned en ple burio	٠, ٥	_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN IN PART 110
RECORDS	en si The	ie	CERTIFICATION	NEW COLF SON				
EC	tow s p	s on	ICA	19a DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
_	The cron.	Poor	RTIF	Edward Editor			YES NO	YES NO
DIVISION OF VITA	5 2 2 5 -	8		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		DAY YEAR	JRRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
ō	SICIA ng pl certif certif	He He	EDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19	Martin Martin	
Sio	this this of M	o pa	WED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	. FARM, ETC ) 211 LOCATION STREET	CITY OR TOW	COUNTY STATE
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	ATTEN ospitol ECTOR d for u	n 21	-0.0		the body ofter death.	; one the things (see ) spring	n death occurred an the date	e and hour and from the couses stated
	OR bolke	Hen		22h SIGNATHRE	7	DEGREE ATTENDING	MEDICAL STAFF	22c. DAJE SIGNED
	Y th y th deto deto			Hum (	- sign	PHYSICIAN	DIRECTOR PHYSICIA	ND 6/19/86.
	SPI ed b	RIA	20	224 PHYSICIAN'S NAME (TYPE O		22e ADDRESS	en VAMC,	Baltina 10.
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	56 523	≤	23a E	SPECIFY)	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
	BP	200		Burial		rrison Forest VA (		Baltimore MD
	DHMH - 16 60M	7/84	24 FI	NERAL DIRECTOR Loring	Byers Funeral	Directors, Inc 250 D	ATE REC'D. BY REGISTRAR 25	WREGISTRAP SACHAMA
	(VRA 15, 4)				Randallstown,		UN 17 1986	

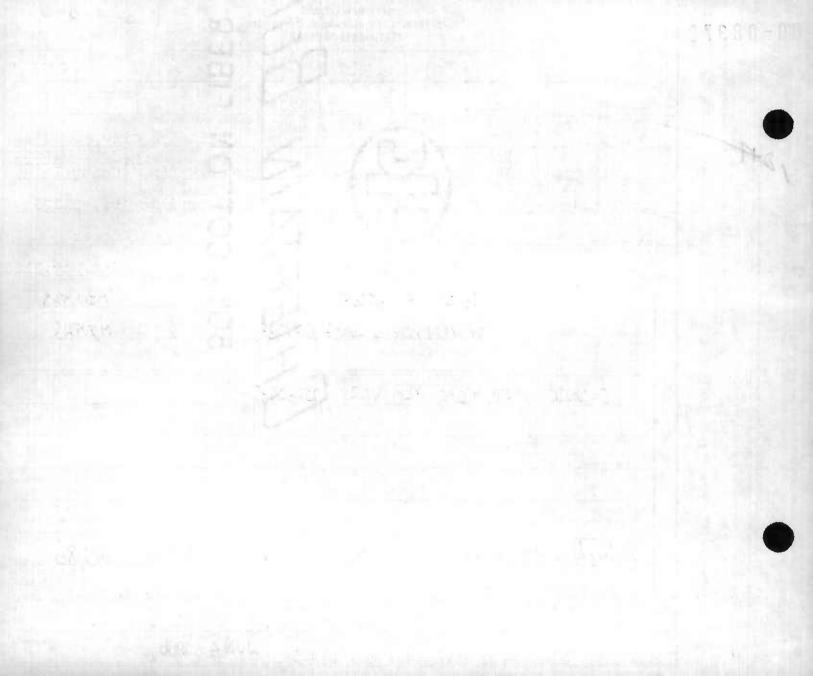
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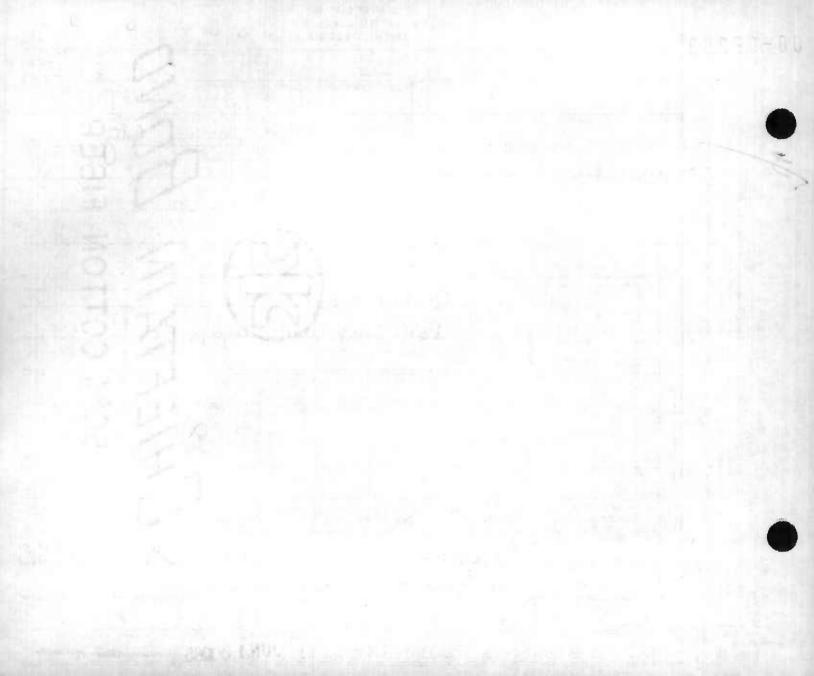
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINT SCIAMBI BRYAN KENNETH JUNE 1986 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR SEX 4 RACE MONTH HOURS White. August 23. 1955 Male TO BIRTHPLACE ISTATE OF FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED New Jorsey WIDOWED DIVORCED [ BALTIMORE CITY CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TTYPE OF WORK FOR MOST OF WORKING LIFE Salesman K-Mart BALTIMORE JOHNS HOPKINS HOSPITAL SUAL RESIDENCE OF NURSING HO 13. STREET ADDRESS / ZIP CODE 5979 Harpers Farm Road 21044 13h COUNTY 13d. INSIDE CITY LIMITS? Columbia Maruland Howard 15 MOTHER'S MAIDEN NAME Hale Evelun Sciambi Joseph Louis 16b SOCIAL SECURITY NO. IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 218-66-6613 Catherine J. Sciambi Same as # APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY MINUT IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF anoxic Conditions, if any, which brain gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an JUAL 6 and that in (my) some apinion death occurred on the date and have and from the causes stated above, (1) (we) (did) (did not) view the body ofter death 22h SIGNATURE DEGREE 22c DATE SIGNED MEDICAL STAFF JUN 6, 1986 DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME (TYPE 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY Marriottsville Maryland Burial 6/10/86 Crestlawn Cemetery Leroyem. & Russell C. Witzke Funeral Homes 5555 Twin Knolls Road, Columbia, MD. 21045 DHMH - 16 60M 7/84 (VRA 15, 4)

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7 40	No.	#(4)	OR	CONTRIBUTING (	AUSE OF DEAT	HOUR A.	M. MONTH		IR .		ED TENTER WHORE OF MAJOR	THE TENTO TAKE	20170121	
Z	NSK Burn	# /	1000	INJURY OCCUR			M. OF INJURY	1	211 LOCATION	-				
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-	A 0 0 0	5.7	100	saw the decease abave, (1) (we) (c	ed alive an_	JUNE	. 7		ond that in (my) (ou	ur) opinian d	leoth occurred an the do	ite and have and		
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	51 54	1 3	230 BURI	AL, CREMATION,	REMOVAL	236 DATE	¥	23c NAME O	CEMETERY OR CRE	MATORY	23d LOCATION			
	BP		BUI	ŔĬAL		6-14-	-86	MEADO	WVIEW		OXFORD	COL	N.O	STATE C.
	DHMH - 16 60	M 7/84		RAL DIRECTOR	MAC.	(100)				25a DATE	REC D. BY REGISTRAR	256 REGISTRAR	SSIGNATUR	
	(VRA 15,		WM.	C.MARCH	F/H IN	IC. 110	1 E.NO	RTH AVE	NUE	JU	N'T T 559	Julia Davi	ason of	

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## STATE OF MARYLAND

DEPARTMENT OF MEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR		DEFARIA		ICATE OF DEATH	REG. 1	10.	0	,	0
DECEASED NAME	Frank	John		erio	2a. DATE OF DEATH	6	5	86	26 HOUR 2 20 A M
3 SEX Male		4 RACE White	MONT	71-1901 YEAR	6 AGE (IN YEARS LAST B	YRS	MONTHS		IF UNDER 24 HRS. HOURS MIN.
To BIRTHPLACE (STATE)  COUNTRY)  Md.		76. CITIZEN OF WHAT COUNTRY?	MARRIE		Baltimore city Baltim	ore C	ity,		MD.
Baltimor	ce	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY GIVE STREET Union Memori	al Ho	ospital	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Ret. Sel	OF WORKING	LIFE) INC	DUSTRY	ansfer C
Md.	136 COUP	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW Balto.		134 INSIDE CITY LIMITS?	13e STREET ADDRESS 3322 Rue			21	214
Carmello		Serio LAST		Rose FRST	MIDDLE		Carr	lagg:	io
(YES NO OR UNKNOWN)		MED FORCES?   166. SOCIAL SECU E WAR OR DATES)   216-05-9		Florence F.	Serio, Same		13e		
18 CAUSE OF DE PART I. DEATH  Canditions, if a gave rise to i	I WAS CAUSE IMMEDIAT	TE CAUSE (a)	ENCE OF	Arrest					MATE INTERVAL DNSET AND DEATH
couse (a), sto underlying car	oting the use last.	DUE TO, OR AS A CONSEQUE							
	gestor	conditions contributing to	1re						
190 DATE OF OPE		196. CONDITION FOR WHICH	OPERATIO		YES NO	IN CER	TIFYING (	CAUSES	OF DEATH?
210 ACCIDENT WAS	CAUSE OF DEA	THE STATE OF THE S	AY YEAR	21s HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM I	8 PART I OR	PART 2)	

21d. INJURY OCCURRED

saw the deceased alive on

NOT WHILE

21e PLACE OF INJURY

(AT HOME STREET FACTORY, OFFICE FARM ETC.)

21f LOCATION CITY OF TOWN

COUNTY

22d PHYSICIAN'S NAME (TYPE OR PRINT)

22a I certify that (1) (this hospital) attended the deceased from

DEGREE 22e ADDRESS

ATTENDING MEDICAL STAFF
DIRECTOR PHYSICIAN PHYSICIAN

23d LOCATION

Paul C. Marinelli, M.D.

Union Memorial Hospital

and that in (my) (aur) apinian death accurred an the date and hour and fram the causes stated

			D	ur	lai
-	-	_			
24	ELIN	JED A	LD	IDE C	TOD

(SPECIFY)

23a BURIAL, CREMATION, REMOVAL

MEDI

Leonard J. Ruck, Inc., 5305 Harford Rd.

236 DATE

6-9-86

23c NAME OF CEMETERY OR CREMATORY Gardens of Faith

Balto., Md.

COUNTY STATE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE, JUN

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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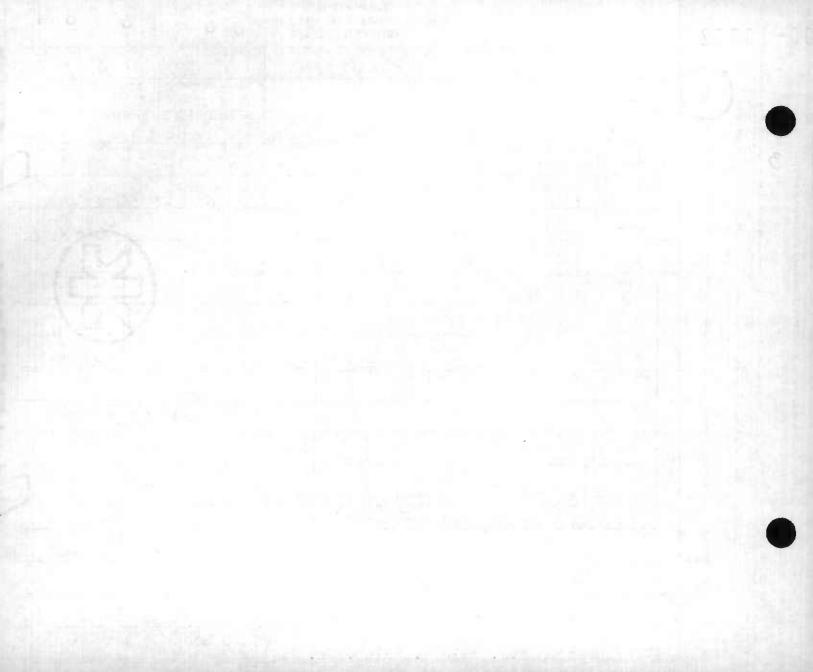
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Nov. Sell Employed Tourier Co.



BALTIMORE, MARYLAND 21201

2D1 W. PRESTON ST.

DIVISION OF VITAL RECORDS,

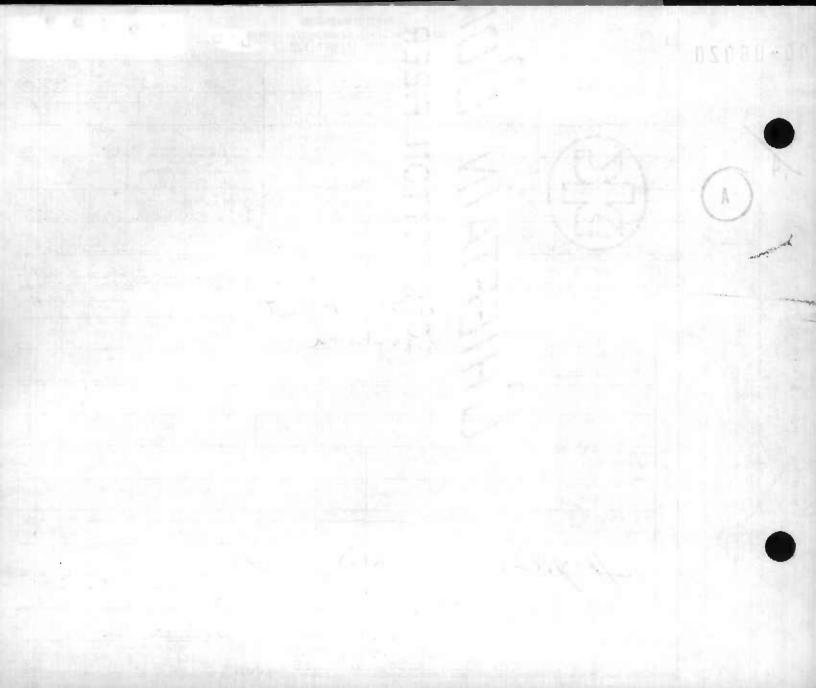
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

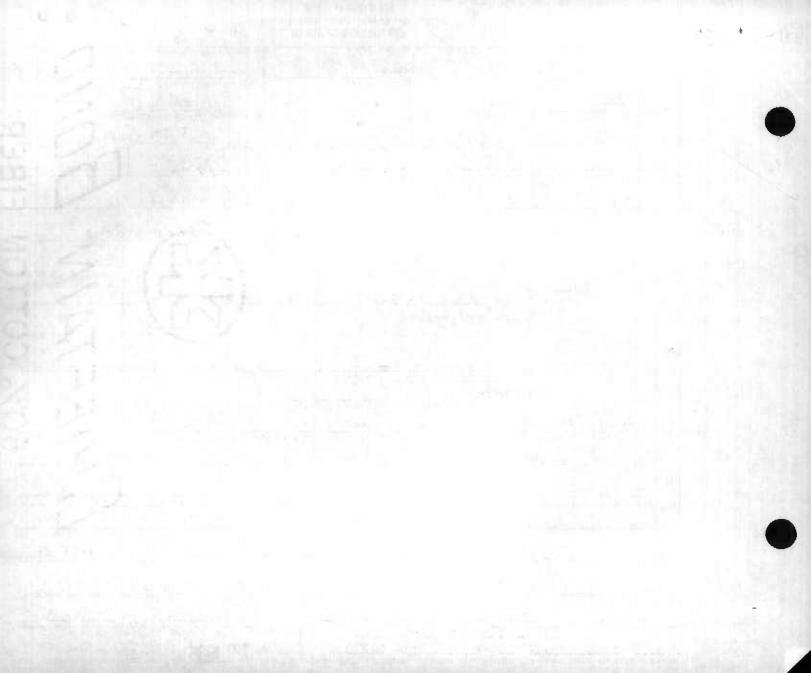
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-	3	2 1		Tir.		

Regina  Shaffer  June 6  3. SEX  4. RACE  S. DATE OF BIRTH  MONTH  Female  Caucasian  Feb 22,1920  66  76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland  USA  WIDOWED  DIVORCED  Baltime  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	Shaffer  June 6, 1986  5. Date of birth Month DAY YEAR Feb 22,1920  RY?  MARRIED NEVER MARRIED DIVORCED DIVORCED Baltimore City, MD.  RISING HOME OR OTHER INSTITUTION REET ADDRESS)  WINDOWS FOR MOST OF WORKING LIFE) RISING HOME OR OTHER INSTITUTION REET ADDRESS)  REET ADDRESS)  A : 35p4  MONTHS DAY MONTHS DAY MONTHS RET UNDER 1 YEAR MONTHS DAY MONTHS MONTHS DAY MONTHS MONTHS DAY MONTHS MONTHS DAY MONTHS
Regina  Shaffer  June 6  3. SEX  4. RACE  Caucasian  Feb 22, 1920  66  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY):  Maryland  USA  WIDOWED  D MORCED  Baltime  10. CITY OR TOWN OF DEATH  Baltimore  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  3410 Richmond Ave, 21213  homemake	S. DATE OF BIRTH  MONTH  DAY  YEAR  Feb 22,1920  66  YRS  PARTIMORE CITY OR COUNTY OF DEATH  WIDOWED  DIVORCED  DIVORCED  Baltimore City, MD.  RISING HOME OR OTHER INSTITUTION  REET ADDRESS)  S. DATE OF BIRTH  MONTHS  JEAN MONTHS  JEAN MONTHS  MO
Female  Caucasian Feb 22,1920  76 DIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland USA  ID CITY OR TOWN OF DEATH  Baltimore  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  3410 Richmond Ave, 21213  MONITH  PEAR  Feb 22,1920  9 BALTIMORE CITY OF  Baltimore  12a USUAL OCCUPATION (IT PE OF WORK FOR MOST OF  TYPE OF WORK FOR MOST OF  HOME MARKED  12b NEVER MARRIED  11c USUAL OCCUPATION (IT PE OF WORK FOR MOST OF  TOWN OF MOST OF  BALTIMORE  11c USUAL OCCUPATION (IT PE OF WORK FOR MOST OF  TOWN OF WORK FOR M	MONTH Feb 22,1920  RY?  MARRIED NEVER MARRIED DIVORCED Baltimore City, MD.  RSING HOME OR OTHER INSTITUTION  REET ADDRESS)  MONTHS DATS HOURS MIN.  PROBLEM TO THE PROBLEM STATEMENT OF THE PROBLEM
Female  Caucasian Feb 22,1920  66  76 BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland  USA  USA  II CITY OR TOWN OF DEATH  Baltimore  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS)  3410 Richmond Ave, 21213  66  9 BALTIMORE CITY OF  Baltimore  112 USUAL OCCUPATION (If NOT INSUCH FACILITY, GIVE STREET ADDRESS)  Address of the country of work FOR MOST OF  Nomemake	Feb 22,1920  RY? 8 MARRIED NEVER MARRIED DIVORCED Baltimore City MD.  RISING HOME OR OTHER INSTITUTION REET ADDRESS)  REET ADDRESS)  66 YRS  9 BALTIMORE CITY OR COUNTY OF DEATH  Baltimore City, MD.  126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
76 CITIZEN OF WHAT COUNTRY?   8   MARRIED   NEVER MARRIED   9 BALTIMORE CITY OF MARRIED   120 USA   MARRIED   MARRIED   MARRIED   MARRIED   MARRIED   BALTIMORE CITY OF MARRIED   120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)   3410 Richmond Ave, 21213   homemake	RY? 8 MARRIED NEVER MARRIED DIVORCED Baltimore City, MD.  RISING HOME OR OTHER INSTITUTION REET ADDRESS)  128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  INDUSTRY
Maryland  USA  WIDOWED  DIVORCED  Baltime  10 CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Baltimore  3410 Richmond Ave, 21213  homemake	WIDOWED DIVORCED Baltimore City, MD.  RISING HOME OR OTHER INSTITUTION (Type OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  REET ADDRESS) INDUSTRY
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	RSING HOME OR OTHER INSTITUTION 128 USUAL OCCUPATION 128 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
Baltimore 3410 Richmond Ave, 21213 homemake	
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	NO SECTION OF THE PROPERTY OF
14 FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE AST	
Andrew Treciak Catherine	
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRES (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	
	CODODII III DIIGEEDE / II GODGII G / DUING GD
18 CAUSE OF DEATH (Enter only one couse pertine for io), (b) and g !  PART I. DEATH WAS CAUSED BY:	approximate interval Between onset and Death
IMMEDIATE CAUSE (0) Copulary Terest	ralory Heress
DUE TO, OR AS A CONSY DIENCE OF	DUENCE OF
Conditions, if ony, which (b)	ymphoma
couse (o), stating the underlying couse lost	OVENCE O
(c)	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND	O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY)	ICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED
VES CI NOCI	IN CERTIFYING CAUSES OF DEATH?
YES NO 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY)	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
HOUR AM MONIH DAY YEAR	DAY YEAR
OKCONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d INJURY OCCURRED  21e PLACE OF INJURY  (AT HOME STREET, FACTORY, OFFICE, FARM ETC.)  STREET  CITY OR TON	211 LOCATION
WHILE NOT WHILE   (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) STREET CITY OR TON	
220.1 certify that (I) (this haspital) attended the deceased from	m19to19that (h (we) last
sow the deceased alive an 19 ond that in (my) (our) apinion death occurred on the do	9, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated
obove, (I) (we) (did) (did not) yiew the body after death  278. SIGNATURE  DEGREE	DEGREE 27c. DATE SIGNED
	ATTENDING APPLICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
22d PHIS I INVENIME (THE STREET) 22e ADDRESS B	22e ADDRESS Balto, Md. 21205
	Johns Hopkins Hosp, 600 N. Wolfe St,
230 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	36 NAME OF CEMETERY OR CREMATORY 23d. LOCATION
During 6/10/06 St Stanieland Paltim	C+ C+aniclauc   Baltimore Md
24 FUNERAL DIRECTOR 3.331 Brehms Lane 250 DATE REC'D. BY REGISTRAR!	31 Brehms Lane DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
SCHIMUNEK FUNERAL HOME, Balto, Md. 21218 JUN 1 1 100	1+0 Md 2121b

DHMH - 16 60M 7/84

(VRA 15, 4)





1 - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

BY REGISTRAR 25% REGISTRAR'S SIGNATURE

Н	REGISTRAR					REG. N	10.				
1	I. DECEASED NAME FIRST	MI	DDIE	L	AST	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	
	(TYPE OR PRINT) Marion	G.	Shec	kels			6	10	86	6	PM
	3 SEX	4 RACE	5	DATEO		6 AGE (IN YEARS LAST BE	RTHDAY)		DAYS	IF UNDER	MIN.
	Female	Whit	e	MONTH	28 25	60	YRS		DAYS	110083	Miles,
J	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY? 8	AA A DDIE F	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF D	EATH		
5	Maryland	U.S	Α	VIDOWE		Baltimore	e Cit	У			MD.
2	Baltimore	NAME OF HO	DSPITAL, NURSING FACILITY, GIVE STREET ADD NES HOSPI	HOME O	r other institution	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Office	OF WORKING	LIFE IN	Equi		
9	13a STATE 13 COUNTY OF THE MARYLAND MARYLAND CARR	ITYYTI	Westminis	. 1	13d. INSIDE CITY LIMITS? YES NO 🔀	13. STREET ADDRESS 1142 Humbe	/ ZIP CO	DE choc	2 ol Ho	11 <i>5</i> 7 use	Lane
	Joseph	MIDDLE G.	Spic	er	15 MOTHER'S MAIDEN NAM	MIDDLE MIDDLE			Ric	our	
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 1	66. SOCIAL SECURIT	Y NO.	17 INFORMANT	ADDR	ESS	17-	1		
3	(YES, MOOR UNKNOWN) (IF YES, GIV	E WAR ON DATES)	220-12-8	437	Sandra Eddy	7 Same	as 1	3e			
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICANT (	(b) DUE TO, OR .	AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  ATRIBUTING TO DEA	CE, OF	asthma NOT RELATED TO THE TERMIN	NAL DISEASE OR COM	NDITION C	GIVEN IN	PART 1:c	1	
1	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDIT	ION FOR WHICH OF	PERATION	N WAS PERFORMED	20a AUTOPSY? YES NO	IN CER	YES, WER	RE FINDIN CAUSES	IGS USE OF DEA	TH?
		Un	MONTH DAY	YEAR	21c. HOW INJURY OCCURRE		URY IN ITEM IS	8 PART I O	R PART 21		
	OR CONTRIBUTING CAUSE OF DE-	21e PLACE OF	F INJURY IT, FACTORY OFFICE, FARM	A ETC )	211. LOCATION STREET	CITY OR TO	OWN	C	OUNTY		STATE
	22a I certify that (I) (this begans as the deceased alive on above, (I) (um) (did) (did)	6-	10 19 86	, an	d that in (my) (and opinion de	, to	ate and h			that (I) (	
	276 SIGNATURE JUSEPH /0	' Mil	ler mo		ATTENDING PHYSICIAN	MEDICAL STA		2	G-	SIGNED	- 1
	JOSEPH	H. N.	riller,	MD	900 Cate	n ave	1	alt	mine	21.	2291
	230 BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial	236 DATE 6/14/8			Hill Cem.	23d LOCATION CUTY OR TOWN Baltim	ore	cour	NIY A.A.	5	STATE Md

Cedar Hill Cem

4001 Ritchie Hgwy Balto Md

250 DATE REC.P.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR.

TO HOSPITAL

BP.

should be detached for use as the burnal-transit permit. Then please with the State Dept-of Health and Mental Hygrene prior to burnal, cr

IMPORTANT: If them 21 is marked or them 18 shaws any

J. Gonce

24. FUNERAL DIRECTOR

George

FOR STATE

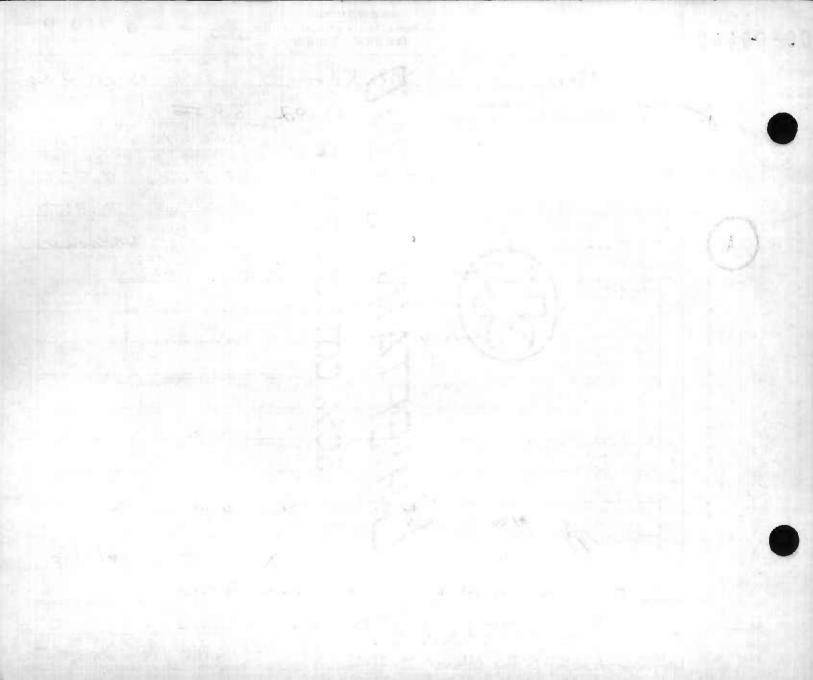
STATE OF MARYLAND

	REGISTRAR				CEKTIF	ICATE OF D	EAIR	REC	G. NO.			
	CEASED NAME	FIRST	,	MIDDLE	1	AST		20. DATE OF DEAT		DAY	YEAR	2b HOUR
(TYPE	OR PRINT)	2 . 1			Sh.	16		21-1	1	1.	0.0	1:00
		earl,			Sile	NKEI			6-1	10-0	16	2. 3.2 pm
1.3E)			1 RACE	1	5. DATE C		YEAR	6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS	DAYS	HOURS MIN.
	CAME		CAUCASIA		18		02	83 8	YRS			NOOKS MIN.
	ATHPLACE (STATE OR)	FOREIGN	TO CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER A	ARRIED -	9 BALTIMORE CIT	-	TY OF DEA	ATH	
	RUSSIA			.A.	WIDOWE	DXX DIV	ORCED	BALTIMORE	CITY			MD.
10 C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INST	ITUTION	120 USUAL OCCU				F BUSINESS OR
- GA	LTIMORE			SPITAL OF B		RE	30	SELF EMI			USTRY DRUG	STORE
ChU.	AL HE IDENCE HE NURS								-	100		
1,775	RYLAND	BALTI		BALTIMO		13d. INSIDE CI		13e STREET ADDRE			7.77	401000
	LIHER'S NAME	DALII	MOKE	_ DALI IMO	VE.		NO X	6508 GRI	ENSPRI	NG A	VE.	# 21209
27	FIRST	A	NIDDLE	LAST			MAIDEN NAM	MIDD	LE		LAST	
1	ASHER			BETTI	<b>S</b> GOLE	ROS	SE			UN	Kn.	DHIM
	VAS DECEASED EVER			166 SOCIAL SECL	JRITY NO.	17 INFORMAL	MDC	EL THORE AS	DRESS			- MANAGER AND
100	NO ORUNKNOWN)	(IF YES GIVE	WAR OR DATES)	21/2-30-	1227			ELINORE (				
				74 70	1772	6100	WESTCL	IFF DR.	#2120	9	4 000 D	
	PART I. DEATH W	AS CALISED	RV							BE	TWEEN	MATE INTERVAL DISET AND DEATH
	TAKTI. DEATH W	IMMEDIATI	CAUSE (a)	ARDIO PULMON.	ARY AR	REST						
				R AS A CONSEQU								
	Canditions, if any,			SUDDEN DEA								
	gove rise to imm	mediate	(b)	JODDEN OUN	711							
	cause (a), statin underlying cause		DUE TO, OI	R AS A CONSEQUE	ENCE OF							
	onderlying coose	1031	(c)									
1	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR C	ONDITION G	IVEN IN P	ART No	
ő	ALTEHIEMER	S DISE	156									
CERTIFICATION	190 DATE OF OPERAT	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	20b. IF Y	ES, WERE	FINDIN	IGS LISED
8	127 11116		10000						IN CERT	IFYING C	AUSES	OF DEATH?
18						10		YES NO		YES [		NO 🗌
I I G A I I	21a. ACCIDENT WAS UND		216. TIME O	M. MONTH D	AY YEAR	ZIE HOW IN.	JURY OCCURR	ED (ENTER NATURE	INJURY IN ITEM IB	PART I OR P	ART 2)	
N N	HE EITHER NOTIFY MEDI		P./		19	1						
MEDICAL	21d. INJURY OCCURE	RED	21e PLACE	OF INJURY	-71	211 LOCATIO	N					
×	NOT WH	RK R	(AT HOME STR	EET FACTORY, OFFICE F	FARM, ETC )	STREET		CITY	OR TOWN	COU	NTY	STATE
1 5	220.1 certify that (I)	(this hasnite	al) attended the	e deceased from	12-9-		19.81	to 4 -10	>	19.86		that (I) (we) lost
	saw the decease		3/20	10 5	36 0	nd that in (my)		leath occurred on th				
	above, (I) (wells	did not	view the bady	after deoth			out obinion a	eom occorred on n	ie date and no	-		
	226. SIGNATURE	10.	1 . /			DEGREE				170	DATES	SIGNED
	- N	and	ye			A	TENDING X	DIRECTOR PH	STAFF YSICIAN [	9	11	186
1	22d. PHYSICIAN'S NA	AME (TYPEOR	DRINI			22e ADDRESS				1		
	Boris	Ke	erzner,	MD		131	Slad	e Aver	nue	PAC)	9	
23a. B	SURIAL, CREMATION,		23b. DATE		NAME OF C	EMETERY OR C	REMATORY	123d LOCATION				
- (	SPECIFY) BURIAL		6-11-			FILOH CO		BALTIMO	NDE	COUNTY	4	MD
24 51												
74 PL	JNERAL DIRECTOR	POL L	EVINSON	& BROS.	, INC.		ZSO DATE	REC'D. BY REGIST	RAR 25b. REGIS	. 15 0	IGNATU	RE

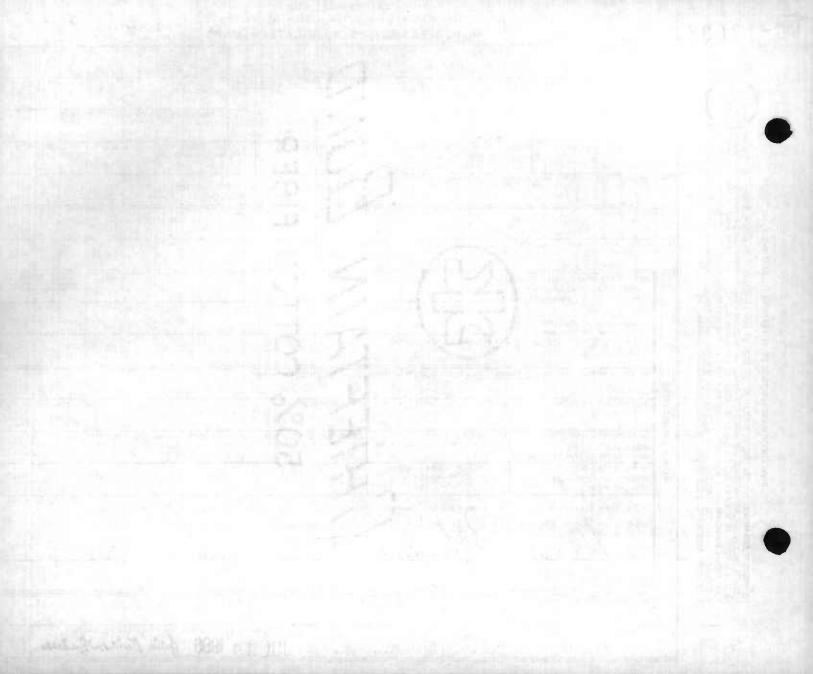
DHMH - 16 60M 7/B4 (VRA 15, 4)

6010 REISTERSTOWN RD, BALTO., MD

10 FUNERAL DIRECTOR: a should be detached for use with the State Dept of Hea



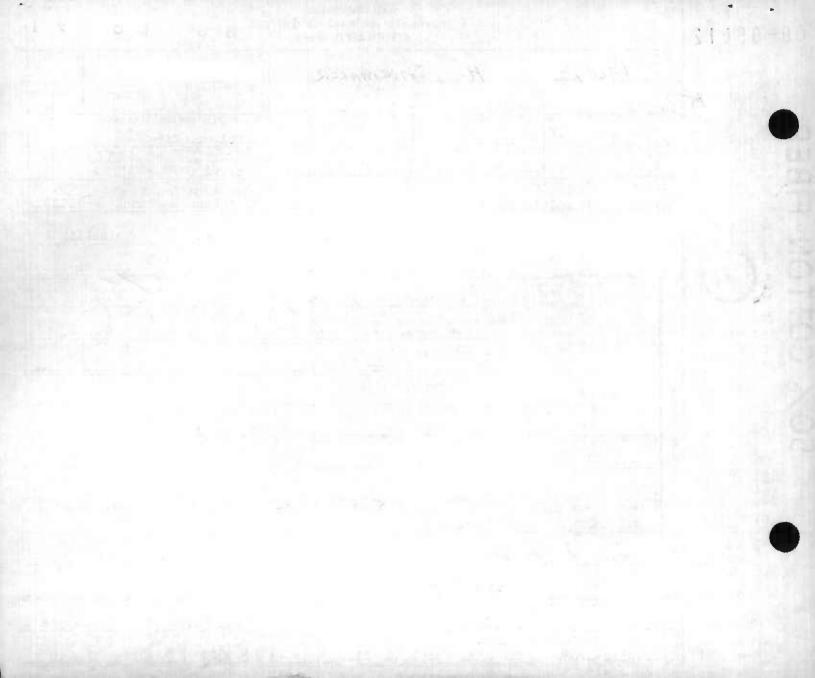
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME EIDST 20 DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED Katie Sheppard 19 86 4 RACE AGE (IN YEARS IF UNDER 24 HRS DATE 5:43 LAST BIRTHDAY PRONOUNCED 12-27-00 85 Female Black DEAD PM 29/19 86 76 CITIZEN OF WHAT COUNTRYS BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Baltimore City. WIDOWED [ DIVORCED U.S. 0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Baltimore. 1152 N. Calhoun St. SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 13a STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS NO [ N. Calhoun St. 21217 Md. Balto. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST FIRST 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO. IYES, NO, OR UNKNOWN) LIF YES GIVE WAR OR DATES) Unkn. 220-30-0750 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BURIAL - TRANSIT PERMIT. AND MENTAL HYGIENE, D ATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a)-DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG ED AS A F CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗆 NO X EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNEAL DIRECTOR, PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIJOR TO BU 11a EXTERNAL CAUSE WAS 2Th. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY LATHOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK Inspection KX 22a. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Homicide Undetermined monner TITLE (SPECIFY) DATE Assistant MEDICAL EXAMINER 6/30/86 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. (TYPE OR PRINT) 236 LOCATION 23a BURIAL CREMATION REMOVAL 23b. DATE 234 NAME OF CEMETERY OR CREMATORY STATE 7-7-86 Removal 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** ulia Divider Pondale (VR A15 ME (S)) Anatomy Board Balto., Md.



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	A TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hairs after death. Fage 4 may be hospital as attending physician.
10	N S
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	ATT
	N H

0.8	439	1	FOR - STATE	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 6	16990
UU	400		REGISTRAR DECEASED NAME FIRST	MIDDLE		ASI	REG. NO.  120 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
e o	o th		PORTEA			PLEY	MONDAY. JUN	- 11
noy	page 3	3	SEX	4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4	ofte.	П	FEMALE	BLACK	MONTH	L. 16. 1910	75	MONTHS DAYS HOURS MIN.
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4	1	910	CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NU.	JRSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION A 1TYPE OF WORK FOR MOST OF WORK FOR MOST OF WORK	126 KIND OF BUSINESS OR
1	4 4	10	SUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)			OIDAN IMAGO
24	filled	PC	MARYLAND 136 COU	NIY 136 CITY OR BALTI		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C 2401 EUT.	
oi4fi	sh y	The same of the same of	FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	ME	
, p	13 (1)		LYNDON	CARTER		SALLY	WIDDLE	BOYD
ecut	and ages edical	16	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS	
e e	Page:	L	NO	218 1	2 6952	MR. ALFRED	GUNDY 2706 RUS	SCOMBE LA. 21215
death certificate	attending physic ave carbonpape ition, ar removal roumatic event, th		Conditions, if ony, which	DUE TO, OR AS A CONS	10 117	ocyalize INFA	nenoil	APPROXUMATE INTERVAL BETWEEN ONSET AND DEATH
that the	d by the ease rem al, cremo		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONS	EOUENCE OF			
equires	Then pl to bur	1		CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION	GIVEN IN PART 110
The law raion.	thas been it permit.	7	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WI	HICH OPERATIO		YES NO	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
CIAN: 1	certificate inial-transit ental Hygie Item 18 sho	1	AD CONTRIBUTION CALISE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)
G PHY5	the bur and Me		LIFETHER NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE AI WORK AND	21e PLACE OF INJURY (AT HOME STREET, FACTORY OF	=	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN prial or	TOR: Aft for use of of Health 21 is mor		22a. I certify that the psp saw the decreased allow or	atol) attended the deceased fr	0(	nd that in (my) (c) opinion	death accurred on the date and	hour and from the causes stated
AL OR A	At DIREC detached ate Dept T. If hem		226. SIGNATUR	and the second s		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED
O HOSPITAL	TO FUNERAL (Should be deta with the State (IMPORTANT: If		PATHER I	1. WISHA MO		3640 FUX	s upo Pm	० टाया
Q ₹		23	BURIAL, CREMATION, REMOVAL (SPECIFY)  BURTAT.	4 4		MEM PARK	23d LOCATION CITY OF TOWN LAUREL	(PR. GEO.) MD.
	H - 16 60M 7/B4 VRA 15, 4)		FUNERAL DIRECTOR  NAME  LEWIS T. GWYNN	ADDR	RESS.	25a DAT	REC'D. BY REGISTRAR 236. BE	GISTRAP'S SIGNATURED

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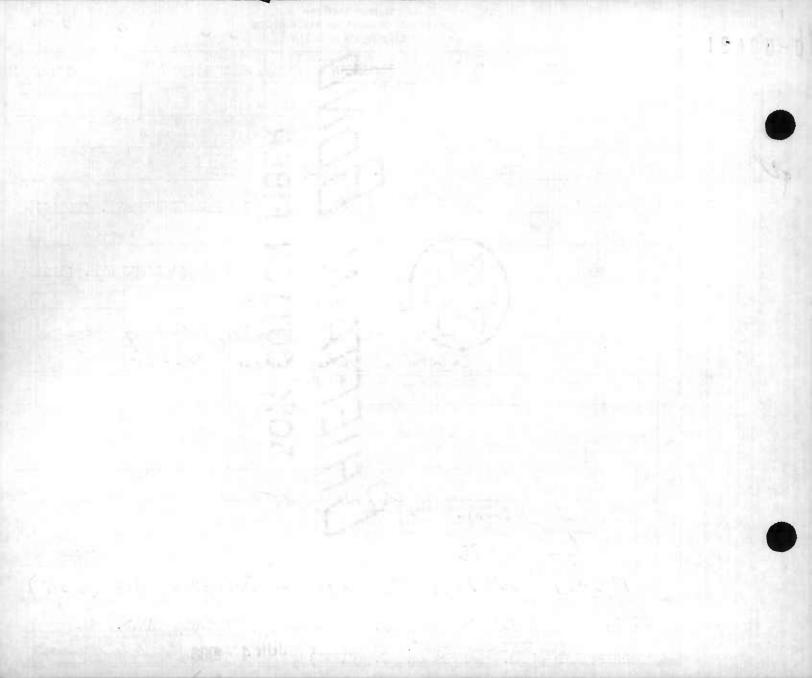
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2a. DATE OF DEATH MONTH COME OF PERMIT MARGARIET SHORT 86 0007 A RACE 5 DATE OF BIRTH 1 SEX 6. AGE (IN YEARS LAST BIRTHDAY) YEAR TE BIRTHPLACE ESTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [ CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR INDUSTRY Housewife Own Home Je STATE 13d INSIDE CITY HAITS? 13e STREET ADDRESS / ZIP CODE Cambridge Rt. 2. Box 433 Dorchester 15 MOTHER'S MAIDEN NAME MIDDLE LAST Clayton Sommers Gladys Tull MAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 146 SOCIAL SECURITY NO 17. INFORMANT 21613 226-44-9145 Alvin B. Short, Rt. 2, Box 433, Cambridge, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Cardioras cular Collapse Conditions, if any, which couse to stoting the DUE TO, OR AS A CONSEQUENCE OF underlying course lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 W DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ 21c. HOW HUJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH OF EITHER NOTEY WEDE AS ERAWHERS 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM ETC ) CITY OF FOWN COUNTY That certify that (I) (this haspital) asynded the deceased from saw the deceased alive an and that in (my) (our) apinian death accurred an the date and have and from the causes stated 27% SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS BRITIEN 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE June 16,1986 Hillcrest Cemetery Burial Federalsburg. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Framptom-Hawkins Funeral Home, 216 N. Main St. (VRA 15, 4)

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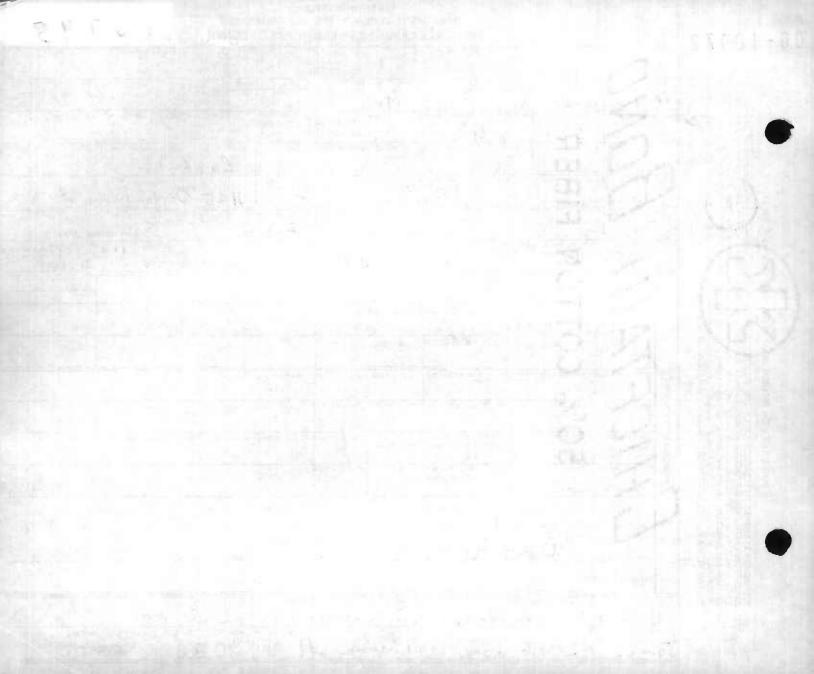
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and and	N	WAS DECEASED EVER		MED FORCES? WAR OR DATES)	215-88		17. INFORMANT MR		ARD SIEG		21152	
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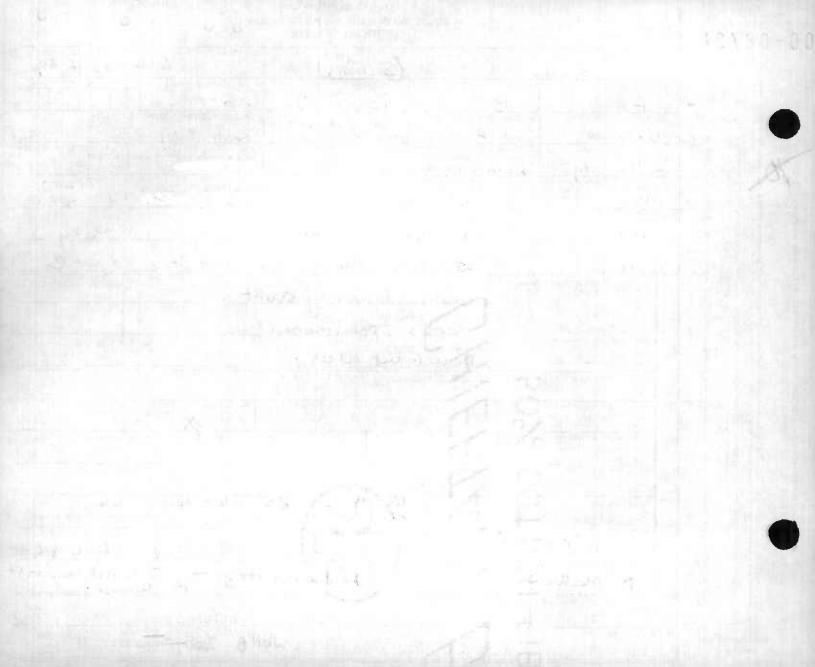
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1 74			CEASED NAME FIRST BERTI	HA	MIDDLE		SIEGLBAUM GEMAN	JUNE 1,1986	DAY YEAR	12:45 AM
atter po		F.	EMALE	4 RACE WHITE		5 DATE O	RCH 10,1904	6. AGE (IN YEARS LAST BIRTHDAY)  82 YRS	IF UNDER I YEAR	IF UNDER 24 HRS
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TAL ON THE NO.			22b. SIGNATURE	W	it.			MEDICAL STAFF DIRECTOR PHYSICIAN	6/1	/86
O HOSPI Provided In TO FUNE Provided by MPORTAL			22d, PHYSICIAN'S NAME (TYPE	WI	STER	70	2435 W	-DELVEDERE A	UE (	1215)
ВР		1	URIAL, CREMATION, REMOVA SPECIFY) BURIAL	6/1/			TFILOH CEM	23d LOCATION CITY OR TOWN WOODLAWN, BAL		
DHMH - 16 60M 7/B (VRA 15, 4)			NAME SOI NAME SOI O10 REISTERSTO	L LEVINS	ON & BROS	. MD.	(21215) 250. DATE	N 4 1986 Julia D	RAR'S SIGNAT	0



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I, DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-DEATH MATED Thomas Simmons 6 - 171986 4 RACE & AGE (IN YEARS | IF UNDER TYR DATE OF BIRTH 2d. HOUR SEX IF UNDER 24 HRS 2c DATE MONTH VEAD 5:35 LAST BIRTHDAY) PRONOUNCED 1986 9 YRS DEAD Black Mav D. M a BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED anning DIVORCED Baltimore City 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17h KIND OF BUSINESS OR INDUSTRY Baltimore W. North Avenue Laborer WSUAL RESIDENCE ME IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 1 136 COUNTY 13e STREET ADDR 2120 13m STATE 13d INSIDE CITY LIMITS? MD. L FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST BALTIMORE, ames my un ons 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. DIVISION (YES NO OR UNKNOWN) I LIF YES, GIVE WAR OR DATES! APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MEI lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF
TO FUNEAL DIRECTOR; PAGE 3 SHOULD BE USED
AFTER DEATH, WITH THE STATE DEPARTMENT OF HIBALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, NO X 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21s. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PM 21e PLACE OF INJURY (ATHOME 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK NOT WHILE AT WORK 228 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Inquiry death resulted fram: A Natural causes XX Accident Homicide Undetermined manner TITLE (SPECIFY) **ACTUAL** 6-18-86 Assistant SIGNATURE EXAMINER'S NAME 21201 Margarita A. Korell, M.D. 111 Penn St., Balto., Md. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATOR STATE uburn 07/84 25M 24 FUNERAL DIRECTOR 25e. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))



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injury, ar other traumatic event, th

IMPORTANT: If Hem 21 is marked ar Item 18 shaws any

FOR STATE

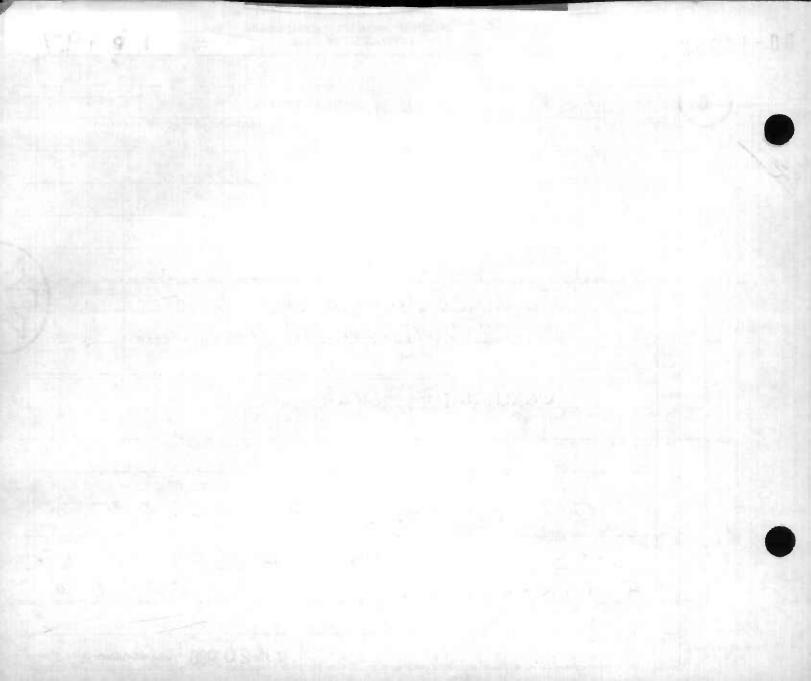
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

86 16997

<i>i</i>	WEO OT WAN				J. N		-	-	-			
-	1 DECEASED NAME FIRST	MIDDLE	LAST	months / -	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOU	Rober		
á	(TYPE OR PRINT) Fannie	L.	Simon			6 1	8	86	180	M		
١	3. SEX	4 RACE	5. DATE OF BIRTH		6 AGE LIN YEARS LAST BIR	THDAY)	IF UNDER		IF UNDER			
J	Female	Black	MONTH 2	24 09	76	YRS	MONINS	DATS	HOURS	MIN.		
9	TO BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED N	IEVER MARRIED	9 BALTIMORE CITY	R COUNT	Y OF DE	ATH		7		
	S.C.	USA	WIDOWED	DIVORCED [	Baltimo				4-	MD.		
4	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE		R INSTITUTION	TYPE OF WORK FOR MOST			KIND O USTRY	F BUSINE	ESSOR		
d	Baltimore	2101 Ridgehi			Unemploy	ed				1		
7	130. STATE	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR UNTY 130 CITY OR TON Balto.		SIDE CITY LIMITS?	13e STREET ADDRESS	zip cot i dgeh	DE 1111	Aver	nue a	21217		
	14 FATHER'S NAME	MIDDLE LAST	15 MC	THER'S MAIDEN NA	WE			LAS	1			
2	Benjamin	Brunson		Annie	MIODIE .		Brown					
	160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INF	ORMANT	ADDRI	SS		5				
	No	250-34-2	2177   An	n Gray 2	2101 Ridgeh	ill A	we.			1		
	18 CAUSE OF DEATH (Enter	only ane cause per line far (b), a SED BY.	nd f	/	1	~	В	APPROXI	MATE INTE	RVAL DEATH		
		TATE CAUSE (a) CANO	ice me	Kinto 2	Dures			(	w.			
		DUE TO, OR AS A CONSEQU	IBNCE OF	0	1. A	0- "		4		- 6		
	Canditians, if any, which gave rise to immediate	1 10	chases	Canada 6	varor e	uesa	24-	8	ROG	- 1·		
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU										
	PART 2 OTHER SIGNIFICAN	LCONDITIONS CONTRIBUTING TO	DEATH BUT NOT RE	ELATED TO THE TERM	AIN AL DISEASE OR CON	DITION G	IVEN IN E	PART III	0			
		Decelosters	lele	455								
0	NO DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS	PERFORMED	200 AUTOPSY?	20b. IF Y	ES, WERE	FINDIN	NGS USE	D TH2		
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		Mary Control		YES NO YES NO NO							
7		LUCIUS A LA MONITULE	DAY YEAR	OW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	B PARTIOR	PART 2)				
	(IF EITHER NOTIFY MEDICAL EXAMIT	NER) P.M.	19									
	(IF EITHER NOTIFY MEDICAL EXAMITY OCCURRED	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		STREET	CITY OR TO	)WN	CO	UNTY		STATE		
	AT WORK AT WORK			635		1 15		_				
		spital) attended the deceased from	XI	in (my Plaur) pointon	death occurred an the d	ate and hi	., 1902 1		that			
	abave (h (we) (did (did	nat view the body after death.	DEGREE			are and ne			SIGNED			
	le	u	1 runs	ATTENDING,	MEDICAL STA		0	5	17-	26		
	228. PHYSICIAN'S NAME (TYP	E OR PRINT)	22e A	DDRESS	- DIRECTOR LJ PHISK	IAIN [		/	21	20)		
	A. R11	RANDA M	0 19	010 55.	Paul (	7.	30	08	Cu	>(		
-	230 BURIAL, CREMATION, REMOVA		NAME OF CEMETER		Baltimor	. o M	COM	i nd		STATE		
	"Burial	6/24/86	Baltimore						LIDE	1		
i	NAME	ADDRESS		111	TE REC'D. BY REGISTRAR JN 201986	256 REGI				Man		
	Wm C March F.	n. west 4300	Wabash Av	e Ju	14 C O 1300	Home	- Jac					

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



		1	FOR			DEPARTA	STAI MENT OF I		ARYLAN		GIENE			5 5	Q
			STATE REGISTRAR								DEATH	)	5 0	3 3	0
11-1	8689	1. DE	CEASED NAME	FIRST		MIDDLE			LAST	DATE OF		REG.		DAY YEAR	Zb HOUR
	2000	(TYF	E OR PRINT	Maxxx				C÷				OF ESTI-	F7	2/ 100	1000
	FIGURE SE	3 SEX	(	Mary	5. DATE OF BIRTH		6. AGE (IN YEA	RS IF UN	INOIN IDER 1 YR.	IF UNDER 24		ATE	момтн	3/ 19 86	
	N ST H		-	B	3-24-	YEAR	69 YR	Mount	S DAYS	HOURS /	MIN. PRON	OUNCED	61	3/ 19 86	
Then.	AL DE SAR	70 B	RTHPLACE (STA		76 CITIZEN OF WI	HAT COUN	TRY?	8			9 BA	LTIMORE CIT	Y OR COUNT		D A W
	PA SPECS	FC	S.C		11.5	2 4		WIDOW	-	VER MARRIED		altimor	_		
	S S S S S S S S S S S S S S S S S S S	10. C	TY OR TOWN O	OF DEATH	II. NAME OF HOS	PITAL, NUR	SING HOME		ER INSTITUT			CUPATION (		126 KIND OF	
1/1	A H B H B		Balti	more	(IF NOT IN SUCH FA		- 1				FOR MOST OF	WORKING LIFE)		OR INDUS	
H	3 TO BE		AL RESIDENCE (	IF IN NURSING HOME O	124 W.	VE RESIDENCE		N)				RN OU	2/411	Cloth	ing
7 27	1. IF ANY DELAY IS NECESSARY, PLEASE 2, AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. \$ SHOUD BE FILED, WITHIN 72 HOURS AL RECORDS (20) W. PRESTON STREET.	13a S	Md.	136 COUNT	TY	13c. CITY	or town		13d INSIDE CI	NO .	3e STREET AD	W. Fra	nklin	212	105
M. O.			ATHER'S NAME		WIDDIE	^	ASI		15. MOTHE	R'S MAIDEN		WIDDLE		1457	
E.	SANDA PA		Will	iam	MIDDLE		npson			ary		MIDDLE	Jent	LINS	
WO	PAGORA	16a. \	ES, NO, OR UNKNOW	EVER IN U.S. ARA	AED FORCES?		IAL SECURITY		17. INFORM	MANT	- 1	ADDRE		1	
BALTIMORE,	HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH RD "PENDING" IN PENCIL IN ITEM IS. GIVE PAGES I, HIEF MEDICAL EXAMINER ALONG WITH FORM PM I USED AS A BUSHALI-TRANSIT PERMIT. PAGES I AND OF HEALTH AND MENTAL HYGIENE, DIVISION OF VIT URIAL, CREMATION, OR REMOVAL.		No	(,, 110, 0, 11		217	-22-2	1561	Mrs. A	Vena f	ower	Beth	une H	ohts. &	5.C.
	WURS 18. C		18 CAUSE OF	DEATH (Enter onl	y one couse per line	for (o), (b),	and (c).)								ATE INTERVAL
201 W. PRESTON ST.,	ERW ERW AL.		PARTIDE	ATH WAS CAUSED  IMMEDIAT	E CAUSE (a) A	rteri	oscler	otic	Cardi	ovascu	lar Di	sease			
STC	AND ALCO				DUE TO, OR	AS A CON	SEQUENCE C	)F							
ac a.	A A NEW YEAR			s, if ony, which	(b)										500
×.	PEN AMEN OF COMMENTAL OF COMMEN		cause (o) lying cous	stating the <u>under</u> -	DUE TO, OR	AS A CON	SEQUENCEC	F							
	SEX EX I				(c)										1752
DIVISION OF VITAL RECORDS,	EXEMPLE A BUNDER HAPPEN	-	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELAT	TEO TO THE TERMI	NAL OISEASE	OR CONDITION	N GIVEN IN PART	1 10		1000		
9	AS AS	CERTIFICATION		tes Mell:											14.3
¥ 8	SHOULD ORD "PE CHIEF A TOF HEL	S	19a. DATE OF	OPERATION	196 CONDI	TION FOR V	WHICH OPER	WINDITA	AS PERFOR/	MED?				20 AUTOPS	Υ?
> F	WORD WORD WE CHIE ENT OF BURIA	1 2	21a, EXTERNA	CALIEFYA	21b. TIME OF	- (A 1 14 1 M )		Tax						YES 🗌	NOVY
0		100		OR IG CAUSE OF D			DAY YEAR	ZIC HC	OW INJURY	OCCURRED	(ENTER NATURE	OF INJURY IN ITEM	18 PART 1 OR PAR	1 2)	
NO.	CERTIFICA RITING THE EDED TO THE E 3 SHOULD EDEPARTM	MEDICAL	CONTRIBUTIN		P.M. 21e PLACE (		19	111/ 10/	CATION	- 512					Section 1
N	NER: THIS CERT CATE, WRITING FORWARDED 1 OR: PAGE 3 SH THE STATE DEPA	MEC	WHILE AT WORK	NOT WHILE	STREET, FACT	ORY, FARM, ET	C.)		TREET		CITY C	NVOTR	COU	YIM	STATE
	WARIT WARIT WARDE PAGE 3	15	AT WORK	AT WORK	<u> </u>	1					TENERY.				
	FOR THES		220 I certify	y that I taak charge	e of the remains des	cribed obo	e, held an	Autops	sy 📙.	Inspection	. Inq	uiry K.	ond in my api	поп	
	SERDES		death resulte	d fram: Natur	al causes K	Accident	L, Sui	cide 🗌	, Homici	ide .	Undetermine	d monner	],		
	EXAMII CERTIFI ULD BE DIRECT		ACTUAL		/	1	/		TITLE (SF				0.475		
	CAL EXA THE CER SHOULD ERAL DIR SATH, WI RE, MAR	1	SIGNATURE_		/	V	-	M.	D. ASS	istant	MEDICALE	XAMINER	DATE SIGNED	6/3/8	36
	MEDIC CUTE THE SE 4 SH FUNER ER DEA		EXAMINER'S		occur.	Vauffr	nan M	D		777	D	01			
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, A BALTIMORE, M	33 - D	TYPE OR PRIN			Kauffr			ADDRESS_	111	Penn				
			PECIFY)	ION, REMOVAL 23	1 4 01	23c N	AME OF CEN	4		Al I	23d. LOCATIO	7	COUN		STATE
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STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

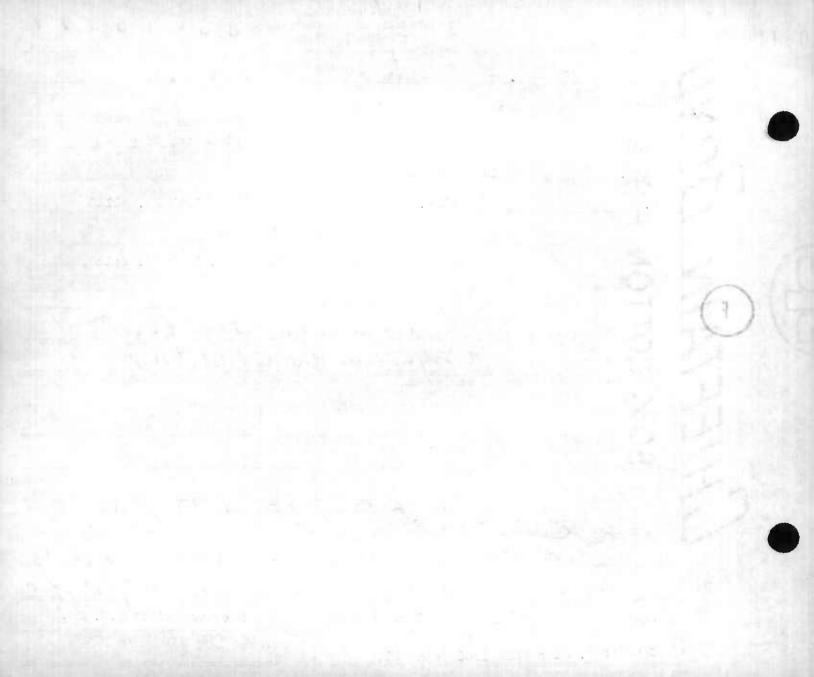
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	REG. NO.					

	CEASED NAME FIRST MIDDLE LAST			REG. NO	1.									
	DECEASED NAME FIRST MIDDLE					LAST	20 DATE OF DEATH	нтиом	DAY YEAR	26 HOL	JR			
		Vergi	e	Si	impso	n	June17th	, 19	86		M			
3. 54	IX-	4	RACE	KLINES	5. DATE		6 AGE (IN YEARS LAST BIRTE	HDAY)	WONTHS DATE	IF UNDER	R 24 HRS			
	Female	The state of	Black		5/	5/1899 YEAR	87	YRS	MONTHS DATS	HOURS	MIN.			
7a 8	BIRTHPLACE (STATE OR	FOREIGN 7	b CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY OF		TY OF DEATH					
	COUNTRY)		USA		WIDOWI	D NEVER MARRIED DIVORCED	Baltimore	Ci	tw		MD			
	Maryland CITY OF TOWN OF DEA	ATH 1	1. NAME OF H	HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATIO		12b KIND (	OF BUSINI				
	D - 1			H FACILITY, GIVE STREET			(TYPE OF WORK FOR MOST OF	WORKING	LIFE) INDUSTRY					
	Balto. JAL RESIDENCE (# NUR	SING HOME OR C		Hospita.										
13u.	STATE	136 COUNT		136 CITY OR TOW		134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP COL	DE 21210					
_	Md.			Balto.		YES NO NO 15. MOTHER'S MAIDEN NA	123 W 29t	n st	. 21118					
14 1	FATHER'S NAME	w	DDLE	LAST		F ID C T	MIDDLE		LA	ST				
						-	reeland							
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	Ernest Davis 123 W. 29th St. Balto, Md							
	no			217-44-	2069	Elliest Davis								
	18 CAUSE OF DEAT	H Enter only	one cause per	line for io, (b), one			APPROX BETWEEN	ONSET AND	RVAL					
	PART I. DEATH V	VAS CAUSED	BY:	100	hic.	luce								
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	gave rise to im-		100	_		,		7						
	cause (a), statu		DUE TO, OI	RAFACOUSEQUE	NCE OF		1/27	//						
	underlying couse	e lost	( (c)	Uny	000	my reo	- Jaw	u	V					
	PART 2 OTHER SIG	NIFICANT CO	ONDITIONS CO	ONTRIBUTING O	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION G	IVEN IN PART 1	0				
Z O	2000													
CERTIFICATION	90 DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF Y	ES, WERE FINDI	NGS USE	D			
E	HOUSE.		- 150				YES TO NOT		TIFYING CAUSES YES 🗇	OF DEAT				
ERT	210. ACCIDENT WAS UN	DERLYING	21b. TIME O	F IN JURY		21c. HOW INJURY OCCUR								
	OR CONTRIBUTING	the same	110110 4	M. MONTH DA	YEAR		TELEVISIONE OF MICH.		, , , , , , , , , , , , , , , , , , ,					
MEDICAL	(IF EITHER NOTIFY MED		Р.,		19									
GB/	21d. INJURY OCCUR		(AT HOME STE	OF INJURY REET, FACTORY, OFFICE, FI	ARM ETC )	21f LOCATION	CITY OR TOV	VN	COUNTY		STATE			
-	AT WORK NOT W	PHILE DRK												
	220.1 certify that (1)	(this hospite	ol) otterreled th	to (a = /		19 86	that C	we) lost						
	sow the access	ed alive	6-1	19_	104.0	, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated								
	22h SIGNATURE	ora cira nor	view the body	affer death.	-	DEGREE	GREE 226 DATE SIGNED							
	1/1/	216	200	////	/_	ATTENDING	MEDICAL STAF		-	10	11			
	22d PHYSICHAN'S N	AME CIVE OF	POINT	12/2/		PHYSICIAN X	DIRECTOR PHYSICI	ANL	6-1	18-	0			
	1.1		1	0.1	0 1	61	- 1	1	/_					
		2021)	12.	100	>	11550	Parke	14	Cy W	5-9	6			
23a	BURIAL, CREMATION,	, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION		1 CORNING	ма	STATE			
В	urial		6/21/	86 L	ots (	Cemetery	Steverson	avıl.	Te T.C.	riu.				
	FUNERAL DIRECTOR	DATE REC'DERY RECOGNAPIOSE DECISTRARIS SIGNATURE												

DHMH - 16 60M 7/84 (VRA 15, 4)

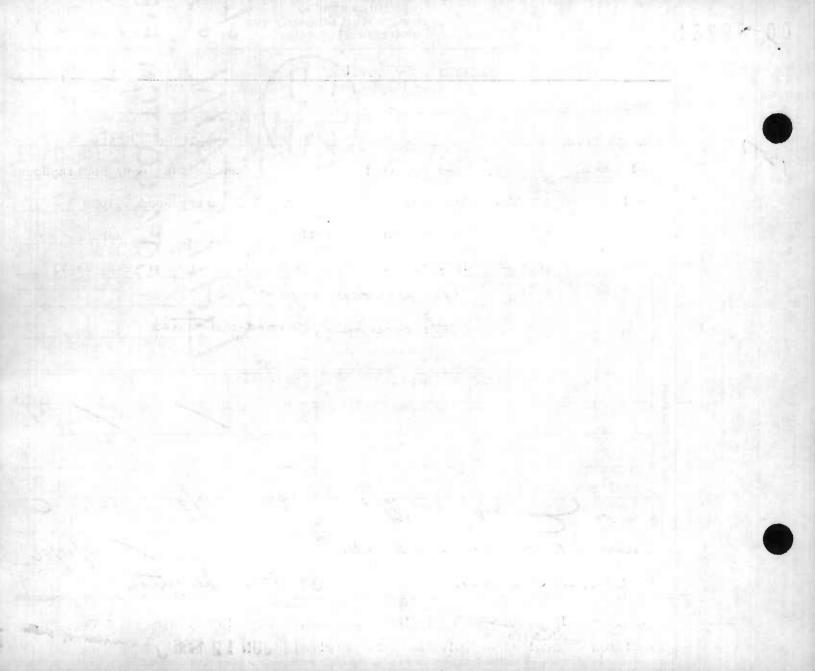
Charles A. Rice FSPA 1300 Eutaw Pl.

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STATE OF MARYLAND

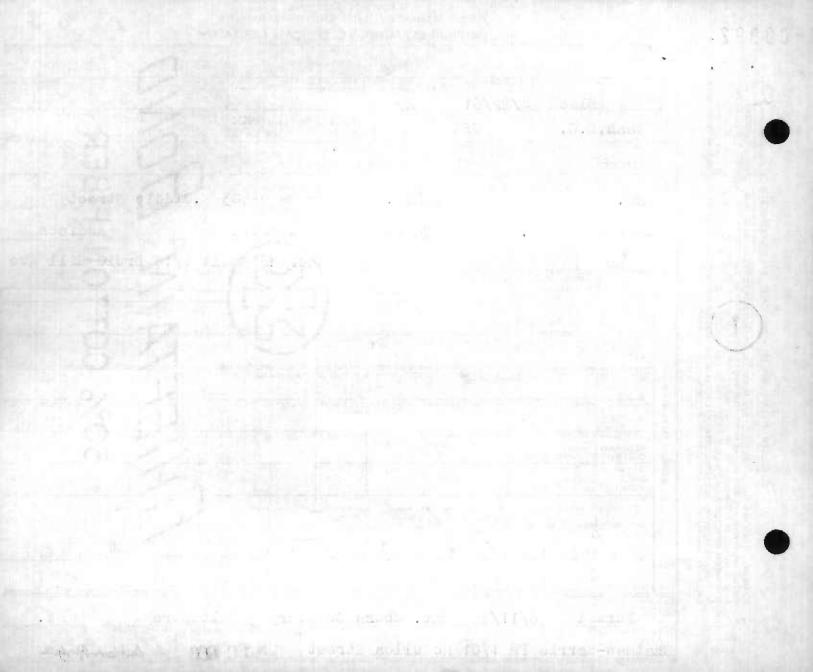
				STATE OF MARYLAND		
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00-03731	Ι.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
be oge 3	LiA	PE OR PRINT) RAYMOND	RICHARD S	SKOWRONSKI	JUNE	8, 1986 6.15 p.M.
yor pod	3.5		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	8, 1986 6.15 p.M.
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5 g g g	1	Baltimore	St. Agnes Hos			(ret) Westinghouse
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the the emo		gave rise to immediate cause iat, stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		
by by orthort		underlying cause last	(6)	ENCE OF		A DESCRIPTION OF TAXABLE
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TTEP Portol for 1 21 i		now the deceased own to	wiew the body ofter death.	and that in (my Lour) opinian	death occurred on the date and	d hour and from the causes stated
OR A borned bept.		224 SIGNATURE	1 1	C-DEGINE 900		DATE SIGNED
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(VRA 15, 4)	1 5	ingleton Funera	at Home Glen Bu	rnie, Maryland	UN 12 1986 d	



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20 20 20 20 20 20 20 20 20 20 20 20 20 2	19a DATE OF C	OPERATION	196. CONDITION FOR V	VHICH OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
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O Sin and W	214 INJURY C	CCURRED	21e. PLACE OF INJURY	2	III. LOCATION	6.174.4	OR TOWN	COUNTY STATE
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鱼里 5 元 到 2			view the bady alter death.		that in (my) (aur) apinia	n death accurred an th	ne date and haur o	and Iram the causes stated
4 5 H B P (B)	226 SIGNATU	IRE	view the bady after death.		GREE			224 DATE SIGNED
0 4 0 90 =	24 .	. 7	1111	111	ATTENDING		STAFF	201 01
AN Substitute	22d. PHYSICIA	N'S NAME (TYPEORP	RINE	MI	PHYSICIAN	DIRECTOR PH	YSICIAN L	120 Junesto
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(VRA 15, 4)	An	natomy Bo	pard	Balt	o., Md.	011 4 130	Julia	Dander Randall

Paul Televis London London Landon London Lon

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0	ECESSARY, PLEASE INERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET,	710	FOREIGNCOUNTEN	,D.C.	US		NIKT?	MAR WIDO	RIED NE	VER MARR			ltimo	re C	itv	DEATH	
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DIVISION OF VITAL RECORDS.	BE EN NOW NOW NOW NOW NOW NOW NOW NOW NOW NO	ä								(11 ) 1							
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DIVI	THIS CERI WARDED PAGE 3 SI TATE DEP.	1	WHILE AT WORK	NOT WHILE X	17	tory, farm, e Jnk.	TC.)	U	street nknov	vn		Bal		C	OUNTY		
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						/	1.10	-		D. WILLIAM III	WED	HCALEXAN	AINER	SIGN	ED O	410 0	,00
	TO MED EXECUTE PAGE 4 TO FUNI AFTER DI	SL	EXAMINER'S (TYPE OR PRI	NT)1	Dennis F.				_ADDRESS_				Balt	imore	,MD	2120	1
	1//	23	(SPECIFY)	TION, REMOVAL			NAME OF CE				23d. LC	ORTOWN		COL	YTAU		
07/84 25M	BP/0 /	24	Bur FUNERAL DIREC		6/11/86	TIMI	.Aubu	mn	Cemet			REGISTRA		GISTRAR'S	SIGNAT	Md URE	•
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JUNE

DHMH - 16 60M 7/84 (VRA 15, 4)

BURIAL

24 FUNERAL DIRECTOR

FOR

- STATE

JUN 23 JOHNSON8521 LOCH RAVEN

MARYLAN VETRRANS

23d LOCATION

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

CEMETERY GARRISON FOREST.MD

22c DATE SIGNED

YES |

YEAR

DAYS

IF UNDER LYEAR

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2b. HOUR

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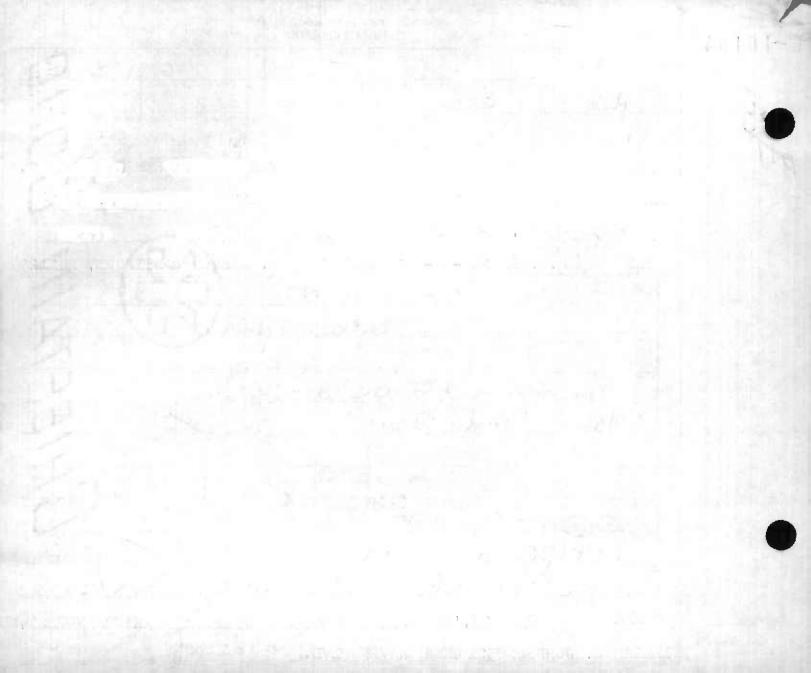
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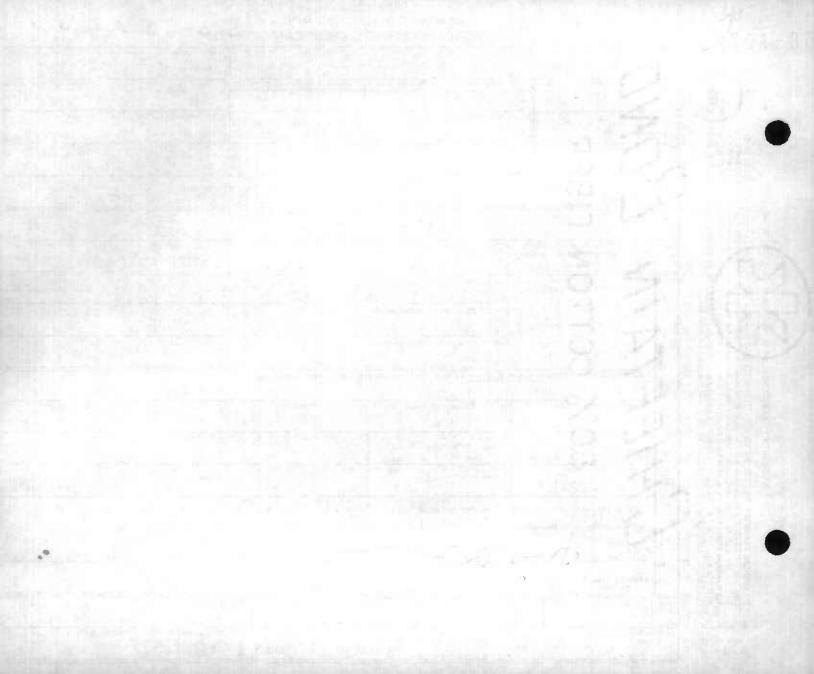
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	Ì		1	DECEASED NAM	E FIRST		WIDDLE			LAST			20. DATE KNOWN		DAY YEAR	26 HOUR
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- 1		HE SE	7	MD			SA		WIDOW		DIVORC		Baltimore	City,		MD.
		AN HOLES	0	CITY OR TOWN		11. NAME OF HOSE (IF NOT IN SUCH FAC	ILITY, GIVE ST	REET ADDRESS)	, OR OTH	ER INSTITU	TION	FOR	JAL OCCUPATION (TY MOST OF WORKING LIFE)		OR INDUST	RY
		10 N N N N N N N N N N N N N N N N N N N	-	Baltimo		4501 E			16.11			Sale	es Manage	er C	Goodye	ar
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		MI WEST	1	YES, NO, OR UNKNO	DEVER IN U.S. ARA	AED FORCES? WAR OR DATES)		IAL SECURITY		17. INFOR			ADDRES	310		
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		DIVISION THIS CERTING WARDED TO PAGE 3 SHI		214 INJURY	OCCURRED	21e PLACE O	F INJURY	(AT HOME,		CATION			CITY OR TOWN	COUN	irv	STATE
		= 3 4 5 5 C		AT WORK	NOT WHILE C									Cook		31216
		ATE, ATE, PORV, FORV, FO		22a I certi	fy that I took charg	e of the remains desc	ribed aba	ve, held an	Autops	у 🔲 .	Inspectio	n XX	Inquiry	ind in my opin	ion	
		A HE HE		deoth result	ed from: Natur	al causes XX.	Accident	, Sui	ide .	, Homic	ide .	Undet	ermined monner .			
		WAY WAY		ACTUAL	100,,,	110 Am	unt	717	1		PECIFY)			DATE	( 10	0.0
		SE STATE		SIGNATURE	Mill	000	1	1/40	M.	_{D.} Assi	stant	MED	ICAL EXAMINER	SIGNED	6-19-	86
		TO MEDICAL EXAMINER: 1) EXECUTE THE CERTIFICATE., PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STA	6	EXAMINER'S (TYPE OR PRI	NAME Denr	is F. Smy	tsk, N	1.D.		ADDRESS_	111	Penn	St., Balta	o., Md	. 2120	01
		524548	2	30 BURIAL, CREMA	TION, REMOVAL 2		23c N	IAME OF CEM	ETERY OF	RCREMATO	ORY	23d. LC	CATION	COUNTY	,	TATE
	07/ 25A			Burial		6/26/86	L	_oudor	Pa	rk			Balto.,		MD	
	23/1	DHMH - 17		NAME	Henry	W. Jenk	ins i	& Sons	s Co		750. DATE F	REC'D. BY	REGISTRAR 256 REG	SISTRAR'S SIC	NATURE	,
		(VR A15 ME (5))	)	4905 Yo	rk Road	Balto.			12		JUN	24	1986	was district a		

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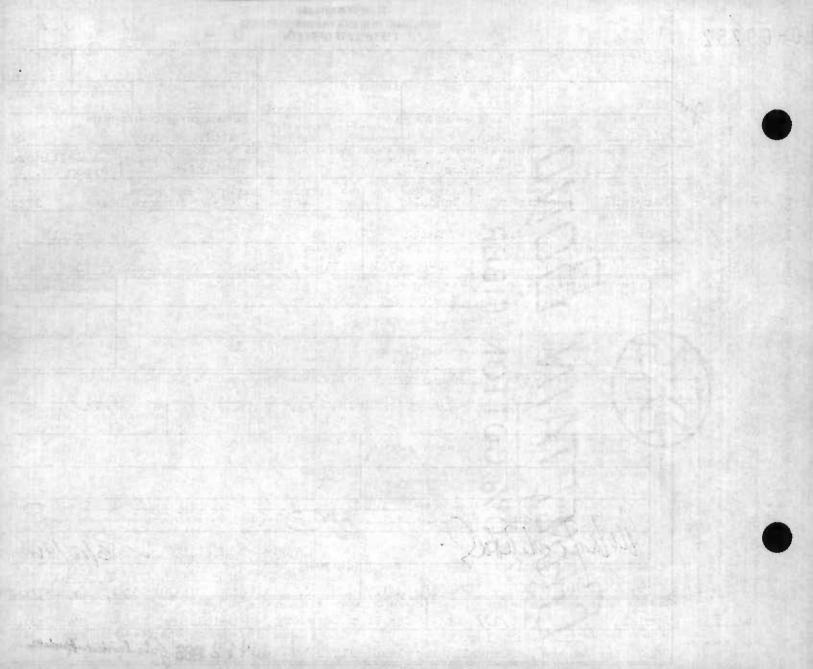
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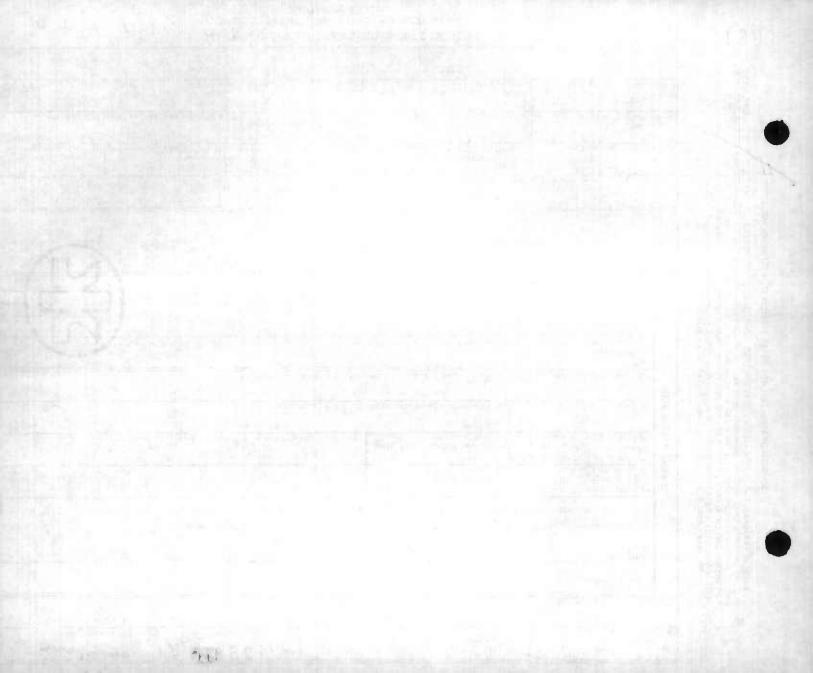
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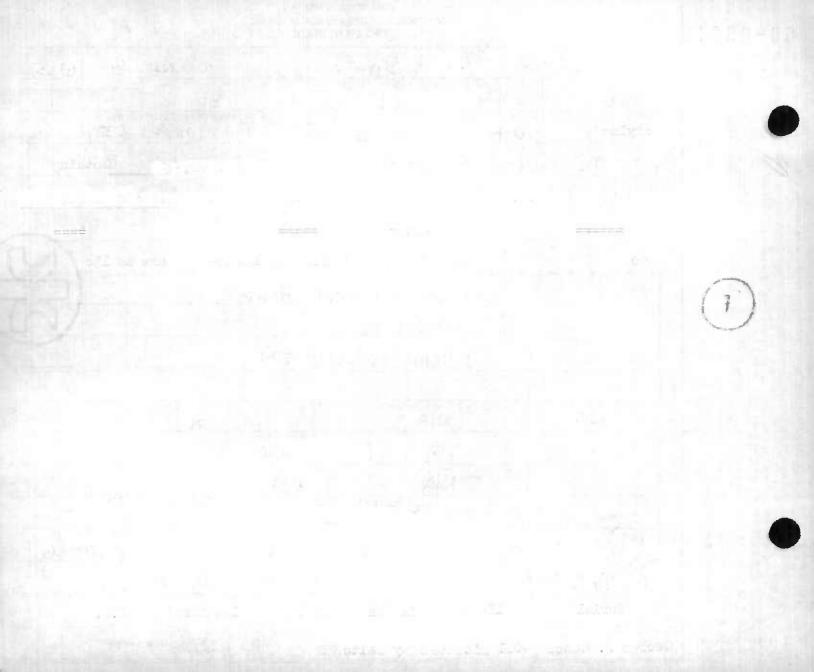
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y be	poge 3 r deoth			GEC	RGE	C.		HTTH		JUNE 10	1986	UNDER 1 YEAR	3.154
0 0	2.5	3 SEX		7	4. RACE		5. DATI	OF BIRTH	YE AR	6. AGE (IN YEARS LAST BIR	THDAY) II	UNDER 1 YEAR	HOURS MIN.
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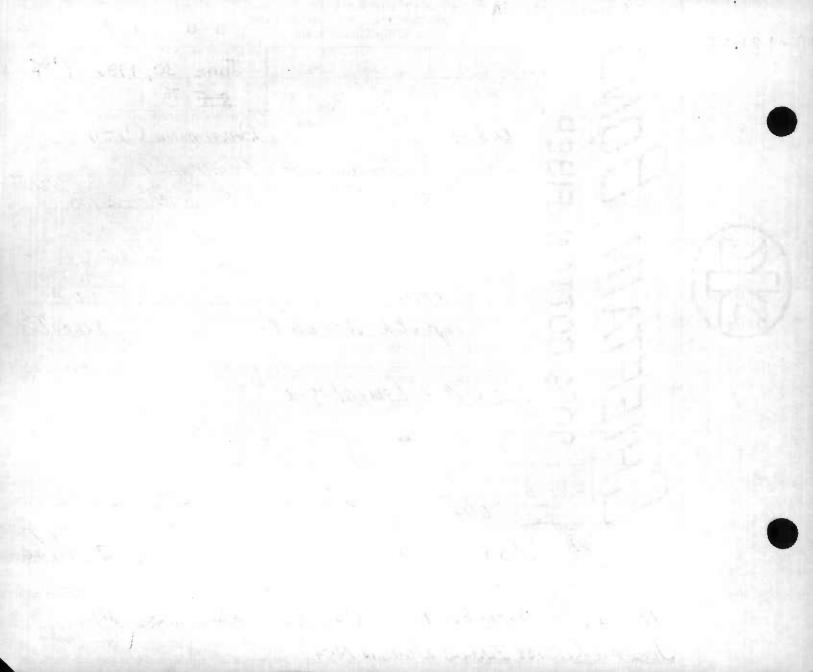




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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAF L DECEASED NAME 20 DATE KNOWNXX (TYPE OR PRINT) OF ESTI-Julia Smith SEX 4 RACE DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE VEAR LAST BIRTHDAY) PRONOUNCED 6:21 Black 8 10 99 1086 Female 86 DEAD To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA WIDOWED XX DIVORCED Baltimore City, II CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY Unemployed 3700 Greenspring Avenue, #719 Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 21215 3700 Greenspring Ave. Apt 719 13b COUNTY Balto. 13d. INSIDE CITY LIMITS? Md. YES X NO T 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Alexander Grodon Norah Pitts 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 16b. SOCIAL SECURITY NO LIE YES GIVE WAR OR DATEST No 218-58-9344 Elizabeth Mooney 323 Edgewood St. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T IO CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY WHILE AT WORK AGE 4 SHOULD BE TOOK PAGE
O FUNERAL DIRECTOR: PAGE
AFTER DEATH, WITH THE STATE
SALEIMORE, MARYLAND, 2120 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinion Inspection Homicide ! Notural causes XX Accident Undetermined monner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 6-18-86 EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St., Balto., Md. 21201 N O 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 6/20/86 Baltimore Nat. Cem. Burial Baltimore, Md. 07/84 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** Wm C March F/H West 4300 Wabash Ave. (VR A15 ME (5)) 10RG Filia Davidson handalle



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN X 2h HOUR (TYPE OR PRINT) ESTI-DEATH MATED Pearlie Smith 6 26 1986 3 SEX 4 RACE 5 DATE OF BIRTH A AGE (IN YEARS IF LINDER 1 YR IF UNDER 24 HRS 2d HOUR 2c DATE YEAR 12:23 LAST BIRTHDAY) PRONOUNCED MALE DIACK 10 10 10 DEAD 26 1986 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED WEVER MARRIED MRGINIA WIDOWED [ DIVORCED -Baltimore City 120 USUAL OCCUPATION LITTE OF WORK IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS RETIRED OR INDUSTRY 21225 607 Bridgeview Road Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 21225 13e. STATE 13b COUNTY 13 CITY OR TOWN . 130. INSIDE (ITY LIMITS)
YES NO 607 BRIDGEVIEW Rd. MARYLAND BALTIMORE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 7. INFORMAN' ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. IYES NO OR UNKNOWNS 1 (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, IRIAL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T 10 CERTIFICATION Cachexia 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORE PAGE 4 SHOULD BE FORWARDED TO THE CHIP CHIP EUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH WITH THE STATE DEPARMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURI YES NO X 216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X 22a. I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my opinion Notural couses Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL MASSistant SIGNED 6/26/86 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Md. NAT. MEM. Maryland 07/B4 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** E.L. Phillips April 21-27 N. Morras St. (VR A15 ME (5))

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST MIDDLE 20 DATE OF DEATH MONTH 2h HOUR TYPE OR PRINT RICHARD SMITH June 21, 1986 6. AGE (IN YEARS LAST BIRTHOAY) 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER ! YEAR IF UNDER 24 HRS MONTH YEAR DAY 9 26 16 69 YRS 70 BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** I STATE OR FOREIGN MARRIED C NEVER MARRIED COUNTRY) Baltimore City VIRGINIA U.S.A. WIDOWED DIVORCED MD 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! Maryland General Hospital filed Baltimore þ p e USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 0 1546 ARGYLE AVE. 21217 BALTIMORE YES X MARYT AND NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDOLE **JESSE JOHNSON** SMITH MARY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** Pages puo IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 229097023 DIANE WYATT SMITH 1536 ARGYLE AVE. YES APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Myocardial Failure IMMEDIATE CAUSE (a) 200 AS A CONSEQUENCE OF Venticular Fibrillation Canditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF last. Congestive Cardiomyopathy 10 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 0 Hypertension 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 700 AUTOPSY? P IN CERTIFYING CAUSES OF DEATH? pe NOIT NO [ priol-transit Hygi 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFEITHER NOTIFY MEDICAL EXAMINER ond Me 21d INJURY OCCURRED 211 LOCATION à 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC ) Pe NOT WHILE DNION 86 86 22a.1 certify that K (this haspital) attended the deceased from.

June 21 oune 86 June DIRECTOR saw the deceased alive an obave, Hr (we) (did) (did flot) view the body after death and that in ( aur) opinion death accurred an the date and haur and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING * MEDICAL PHYSICIAN [ DIRECTOR | PHYSICIAN 77e ADDRESS ld b clo Maryland General Hospital FERRER JOTZAE hou 0 730 BURIAL, CREMATION, REMOVAL 23b DATE 73c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN STATE COUNTY BP BURIAL Mount Zion Cemetery ansdowne. Md.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

WMC.MARCH F/H INC, 1101 EAST NORTH AVENUE

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STATE OF MARYLAND

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Polles of	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O		RITY NO. 17 INFORMANT		+ Ave 21217
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the Distriction	Eliano 220 PHYSICIAN'S NAME (17PE	e y Hixon	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	6/9/86
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DHMH - 16 60M 7/84 (VRA 15, 4)

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²⁴ FUNERAL DIRECTOR
Bailey Funeral Home 1348 N. Carnoun St. 21217

6-13-86

230 BURIAL, CREMATION, REMOVAL

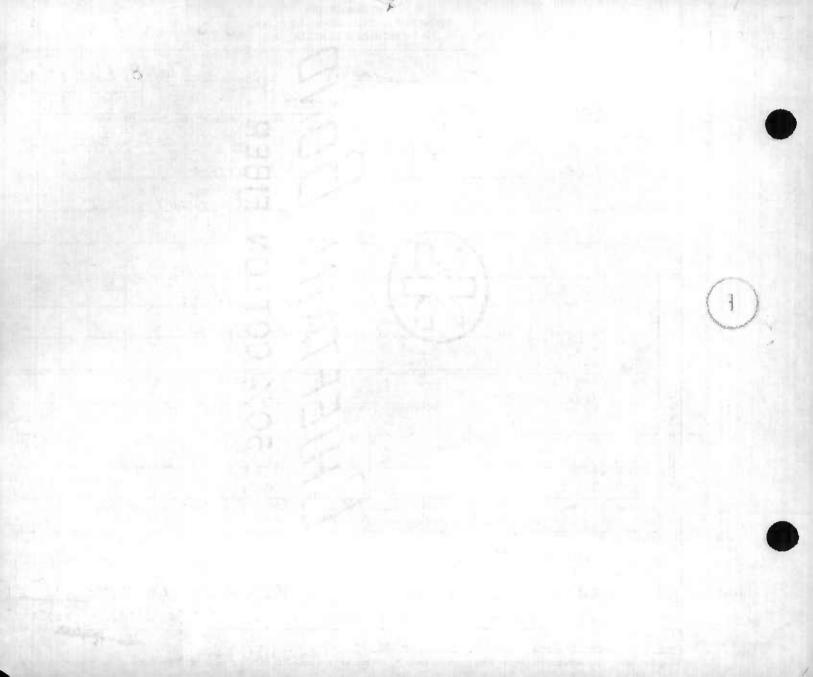
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250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIG

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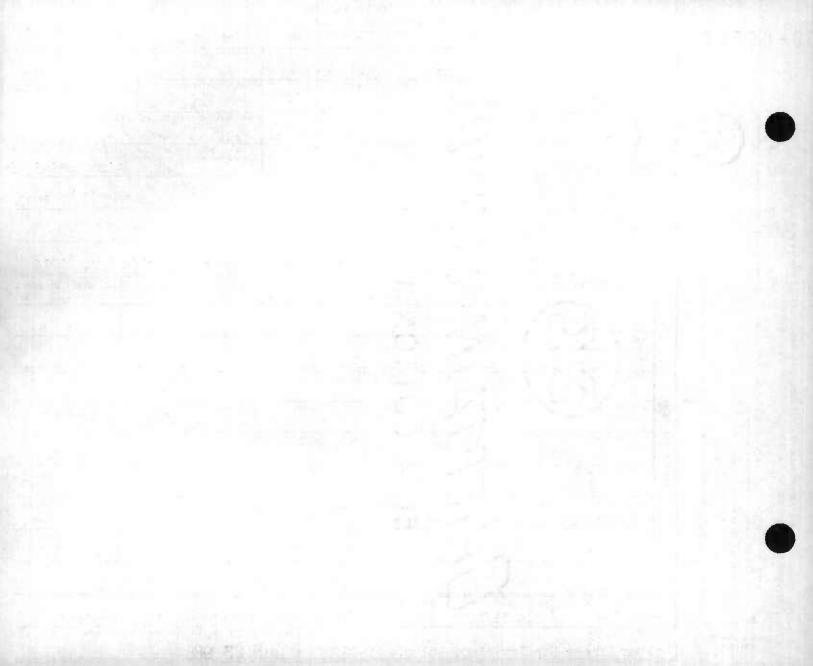
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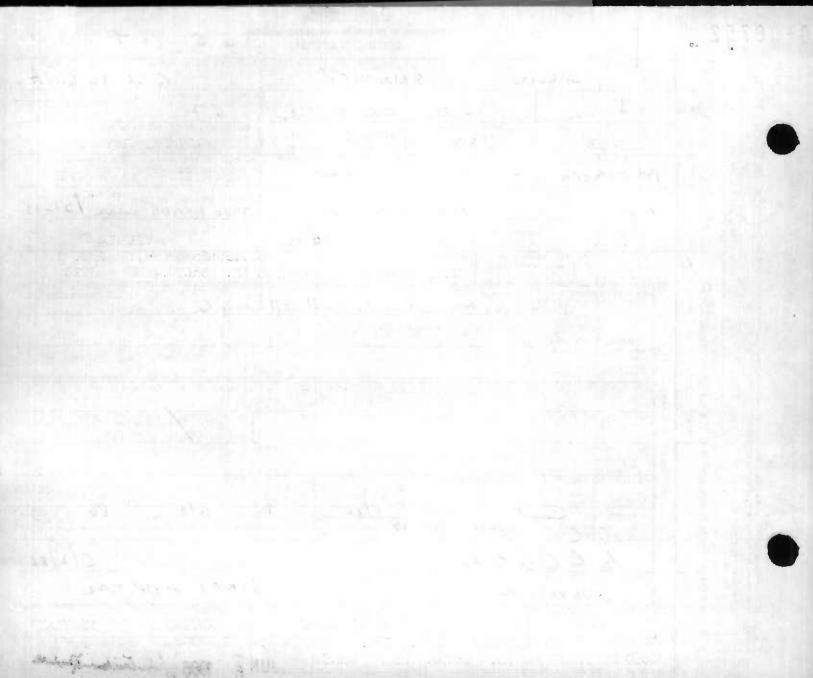
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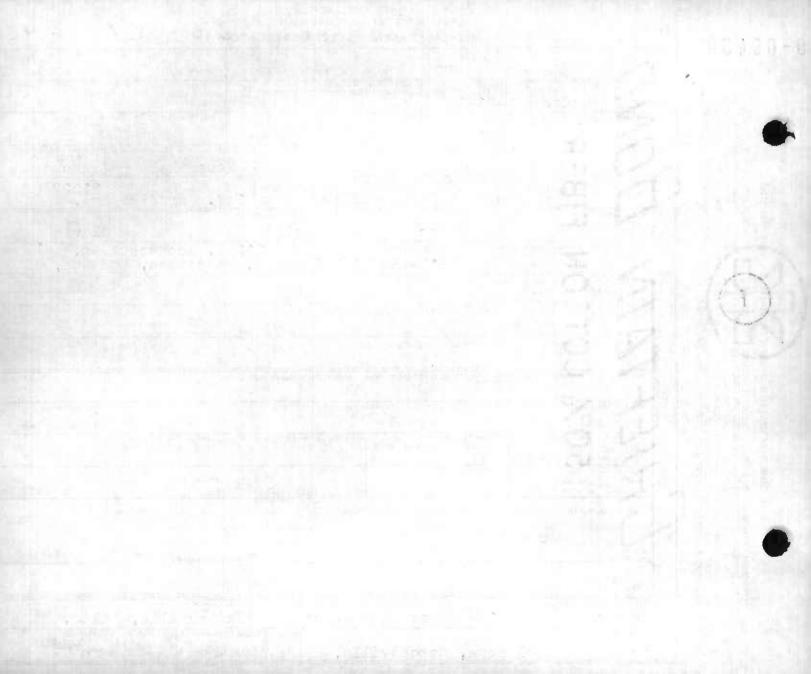
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(VRA 15, 4)



STATE OF MARYLAND - STATE REGISTRAR DECEASED NAME O DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-Ann Snyder DEATH MATED 10/10 86 Nancy 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED Female 72 10/19 86 DEAD To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED England USA Baltimore City, WIDOWED X DIVORCED 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Baltimore Homemaker Home University Hospital CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 212 Catonsville yes \( \text{No.} \text{No.} \text{X} \) 1 S. Paradise Ave. 21228 13n STATE Baltimore MD A FATHER'S NAME 15 MOTHER'S MAIDEN NAME Nellie Rudolph Suec Glavin 166. SOCIAL SECURITY NO. 17 INFORMANT 212 W. Woodworth St. 48413 213-05-5416 Eileen R. Patterson, Bad Axe, MI 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ART I DEATH WAS CAUSED BY Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d. ULD BE USED. TMENT OF HE TO BURIAL, 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO T 2 In EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 0:15 AM 6/10/19 86 pedestrian struck by tractor trailer 21e PLACE OF INJURY (AT HOME. 211 LOCATION TO MEDICAL EXAMINER: THIS CER SECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNRAL DIRECTOR: PAGE 32 AFTER DEATH, WITH THE STATE DEF BATTIMORE, MARYLAND, 21201 PE STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK roadway Frederick & Inglewide Ave., Balto. City, Md. Autopsy X 22a 1 certify that I took charge of the emains described above, held on Inquiry death resulted from: Notural Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 6/11/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. 23c NAME OF CEMETERY OR CREMATORY Cremation 06-14-86 Security Process Catonsville, Balto. MD 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** MacNabb Funeral Home, Catonsville, MD (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR REG NO 1. DECEASED NAME TE DATE KNOWN X MONTH (TYPE OR PRINT) OF EST1 **EDWARD** SOBCZAK DEATH MATED 86 19 4 RACE 5 DATE OF BIRTH IF UNDER 1 YR. & AGE IN YEARS IE LINDER 24 HRS 2c. DATE 2d HOUR LAST BIRTHDAY PRONOLINCED DEAD 1950 Cauc. 10 86 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY Md. WIDOWED DIVORCED Baltimore City III CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY Baltimore rear - 3207 Fleet Unemployed SUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13c. CITY OR TOWN 113d INSIDE CITY LIMITS? 13e. STREET ADDRESS Md Baltimore YES X NO [ Unknown 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE William Sobczak Emilv Panak 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) No Sobczak 3508 Brendan Ave. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY: Alcoholism IMMEDIATE CAUSE (a)-DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF Iving couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? ENT OF HED BURIAL 20 AUTOPSY? YES X NO 71a EXTERNAL CAUSE WAS 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PAGE 4 SHOULD BE FORWARDED IT OF UNERAL DIRECTOR: PAGE 3 SHOULD BE FORWARDED IT OF UNERAL DIRECTOR: PAGE 3 SHOULD BE STATE DEPAR BALTIMORE, MARYLAND 21201 EN 71d. INJURY OCCURRED THE PLACE OF INJURY LATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.] STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 228 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Natural causes Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 6-4-86 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 73c NAME OF CEMETERY OR CREMATORY 736 LOCATION STATE /86 Cremation Greenmount Cem. Baltimore Md. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 2818 E. Baltimore St. (VR A15 ME (5)) Dabrowski & Son

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 60M 7/84 (VRA 15, 4)

Leonard J. Ruck, Inc. Baltimore. Maryland

6/9/1986

Westview Cemetery

236 DATE

230 BURIAL, CREMATION, REMOVAL

Cremation

24 FUNERAL DIRECTOR

Baltimore, Maryland

23d LOCATION

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12b. KIND OF BUSINESS OR

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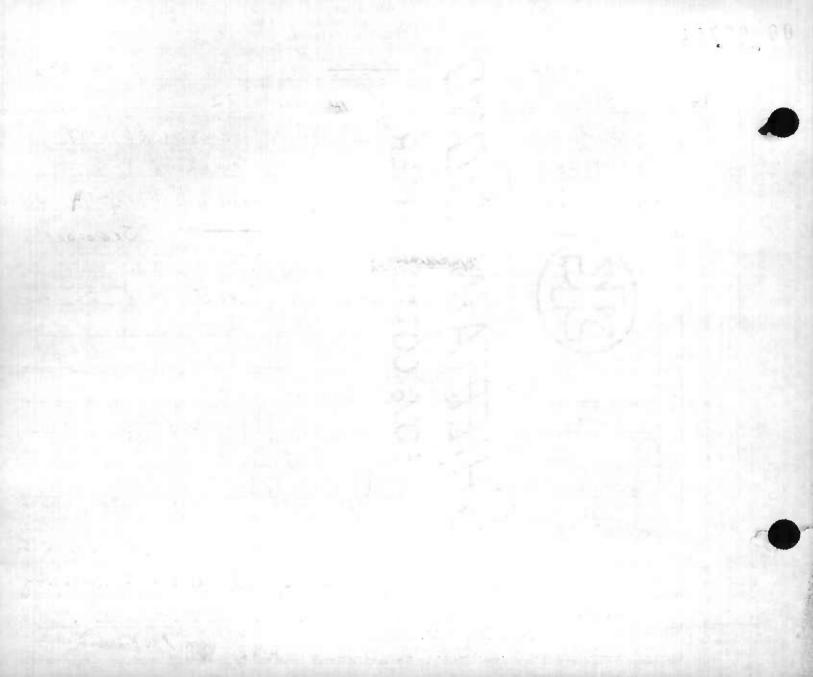
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DIVISION OF V ING PHYSICIAN r ottending phy wher this certific os the buriol-fri th and Mental if oaked or item 18	MEDICAL (	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	TH HOUR A.M. MONTH	1/ 19	36 subject 2H LOCATION STREET  8611 Payr	fell on wet		STATE
IL OR ATTEND the hospital of the hospital or the crocked for use etached for use the Dept, of Hea		77s.1 certify that (1) (this haspet says the decembed give an above 1) (well (did fidid not 77s. SKSNAD)	tol) attended by degree 1 too	2011	DE GREE CEATHERATION A	or death occurred on the di	ste and hour and from 1	that III. (we) last the causes stated
O HOSPITAL etained by the TO FUNERAL I thould be detained the State I with the State I with the State I thould be detained by the State I thould be stated by the State I thould b		Da Vid Hold	Om be		(819 0	Iton Stree	I, Balti	M Snow
BPn	23a B	URIAL, CREMATION, REMOVAL SPECIF BURIAL	5/12/86	AITZ	CHAIM	23d LOCATION BALTIM	ORE COUNTY	MARYLAND
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR SOL LISON OF REISTERSTON			1215	DATE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGN	

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BALTO., MD

(VRA 15, 4)



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## STATE OF MARYLAND

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FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	). D.	1	) 2	5
1. DECEASED NAME FIRST	MIDDLE	L/	AS1	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	R
AGNES AGNES	Elizabeth	SOME	RVILLE	201	UR 19	1986	12:4	DAM
3. SEX 4	RACE	5 DATE O	F BIRTH	6 AGE TIN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 2	
Female	Black	NO	v. 4, 1915	70	YRS.		HOURS	MIN.
	CITIZEN OF WHAT COUNTRY?	8. MARRIET	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF	DEATH		
Hollywood, Md	U.S.A.	WIDOWE		BALTIMORE	CITY			MD.
ALTIMORE	NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A UNION MEMORI	(DDRESS)		120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF		12b. KIND O INDUSTRY	F BUSINES	SS OR
UAL RESIDENCE (IF NURSING HOME OR OT			13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	20	163	1/
Mills	Mary's Hollyw		YES NO NO	Box		14 2	Control of	
14 FATHER'S NAME	-	GOO	15 MOTHER'S MAIDEN NAM	ME	+ U-4 - E	<del>(                                    </del>		
	DDLE LAST		FIRST	MIDDLE		LAS	T	
ROY ST	CEVENS  166 SOCIAL SECUR	PITY NO	Mary	ADDRE	_Sowel			_
(YES NO OR UNKNOWN) (IF YES, GIVE W		K// 140.			1.P.C	D. Box		
No			George B.	Somerville	e Ho	Llywoo	MATE INTERVONSET AND D	
18 CAUSE OF DEATH. Enter only PART I. DEATH WAS CAUSED I IMMEDIATE  Conditions, if ony, which gove rise to immediate couse to, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE  (b) SE SS  DUE TO, OR AS A CONSEQUE  (c) SI CALCA  (c) COLOR CONSEQUE  (c) COLOR	NCE OF	Dal Dry 6.	angreve	POITION GIVEN			
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN			H?
	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)		
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE	21e. PŁACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	ARM ETC )	211 LOCATION STREET	CITY OR TOV	WN	COUNTY	51	TATE
obove (1)(we) (did)(did not) v	ottended the deceased from 5 JNE 13 19 8	, on	d that in (My) (our) opinion o	, 10				re) last ited
226. SIGNATURE	efor	N	PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		6/1	SIGNED	6
274 PHYSICIAN'S NAME (TYPE OR PI	R,		22e ADDRESS					
S _{COTT} RIFK	EN		INTONMENO	RIAL HOSPIT	λT		15.0	7
		IAME OF C	EMETERY OR CREMATORY	23d LOCATION				
Burial	6/19/86 St	.Joh	ns Cemetery	Ho ITYWOO	d. St	.Mary	's N	Md.
24 FUNERAL DIRECTOR	0/13/00			FIRETO BY REGISTRAR				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

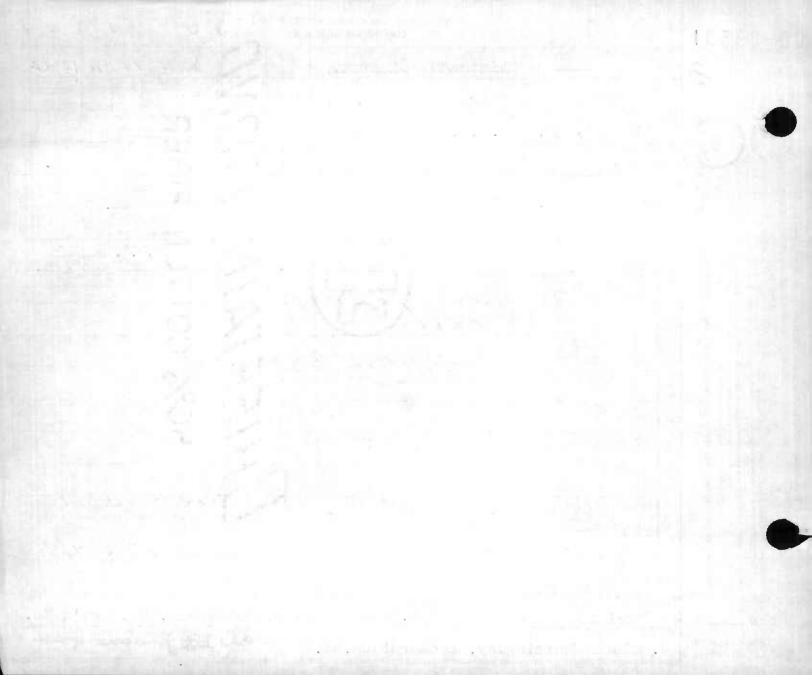
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicial and call should be detoched for use as the burnol-transit permit. Then please remove corbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or remaval.

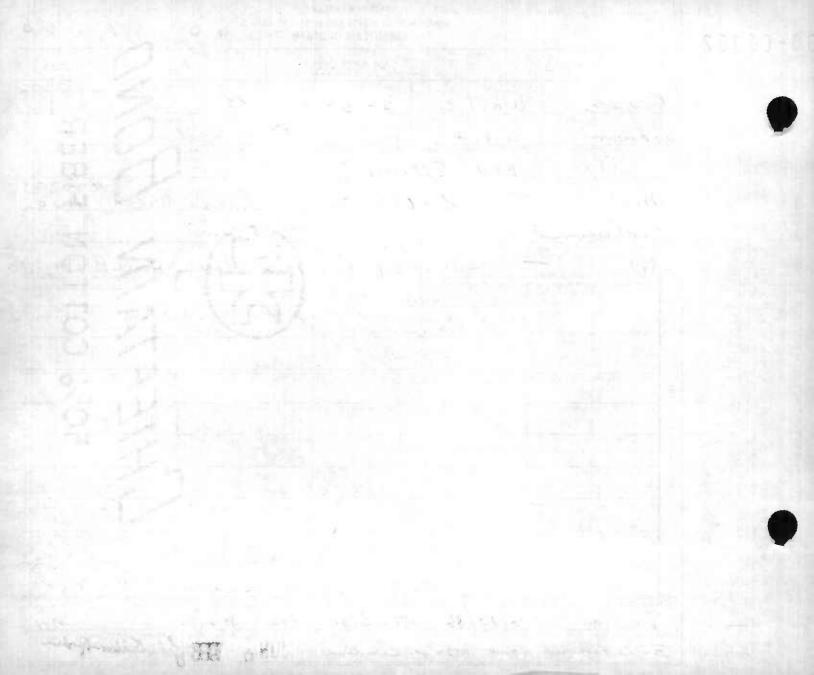
injury, or other troumotic

IMPORTANT: If them 21 is morked or them 18 show

W. Clarke Mattingley, Leonardtown, Md.

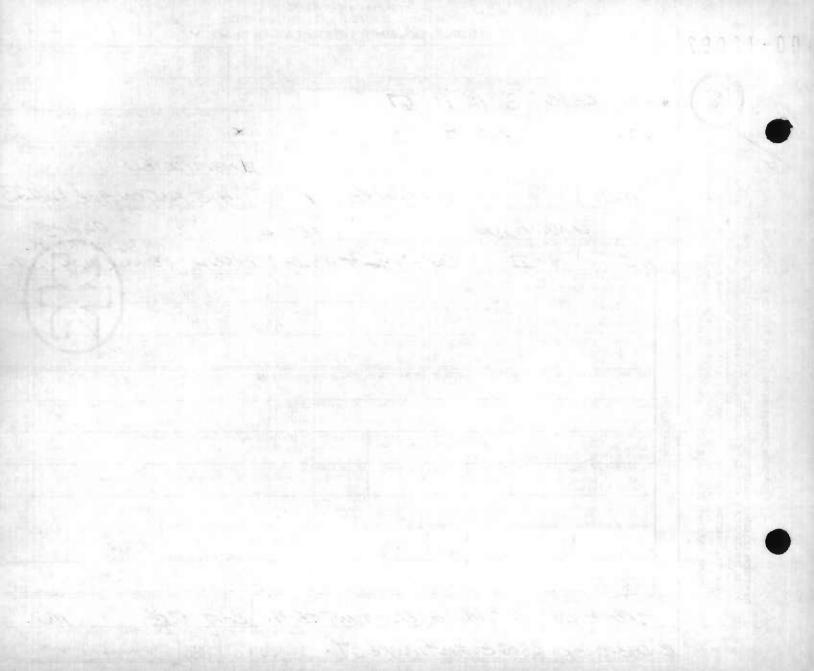
250 DANNING BYREGISTRAR 256 REGISTRAR'S SIGNATURE





DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 20. DATE KNOWN I. DECEASED NAME MONTH 26 HOUR TTYPE OR PRINTI ESTI-DEATH MATED EARL SORRELL 6 14 6. AGE (IN YEARS | IF UNDER 1 YR DATE OF BIRTH IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY RONOUNCED 6:30 DEAD 19 86 70 BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED DIVORCED A Baltimore City WIDOWED ES 1, 2, AND 3 TO THE PM 3. RETAIN PAGE ND 2 SHOULD BE FILED VITAL RECORDS, 201 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS INEMPLOYEL Baltimore Fulton Avenue USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13e STATE 13c CITY OR TOWN 136 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME ES 1, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT ADDRESS 166 SOCIAL SECURITY NO DIVISION YES, GIVE WAR OR DATES! WW TI CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) HE MEDICAL EXAMINER ALONG WE HER MEDICAL EXAMINER ALONG WO OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Chronic Obstructive Pulmonary Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHE EXECUTE THE CERTIFICATE, WRITING THE WORE PAGE 4 SHOULD BE FORWARDED TO THE CHIP OF DUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BAFTER DEATH, WITH THE STATE DEPARTMENT OF BAFTER DEATH, WITH THE STATE DEPARTMENT OF BURNERS AND A STATE YES BE 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 211. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY 22e I certify that I taak charge af the remains described above, held an Autapsy and in my apinion Natural causes X death resulted fram: Accident Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE 6/15/86 SIGNATURE EXAMINER'S NAME 111 Penn St., Baltimore, Md. 2120 (TYPE OR PRINT) Margarita Korell M.D **ADDRESS** 230 BURIAL, CREMATION, REMOVAL 236 DATE 230 NAME OF CEMETERY OR 07/84 BP 25AA 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** - when we - finished (VR A15 ME (5))

STATE OF MARYLAND



23¢ NAME OF CEMETERY OR CREMATORY

DHMH - 16 6055 7/84 (VRA 15: 4)

24 FUNERAL DIRECTOR Ives-Pearson Funeral Homes Falls Church, No. Va. 22046

236 DATE

June 25,1986

230 BURIAL, CREMATION, REMOVAL

Burial

Falls Church, Virginia National Memorial Pk. 250 DATE RECD. BY REGISTRAR 256 REGISTRAR'S SIGNATURE TO SEE THE SECOND STREET OF THE SECOND 6

23d LOCATION

1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

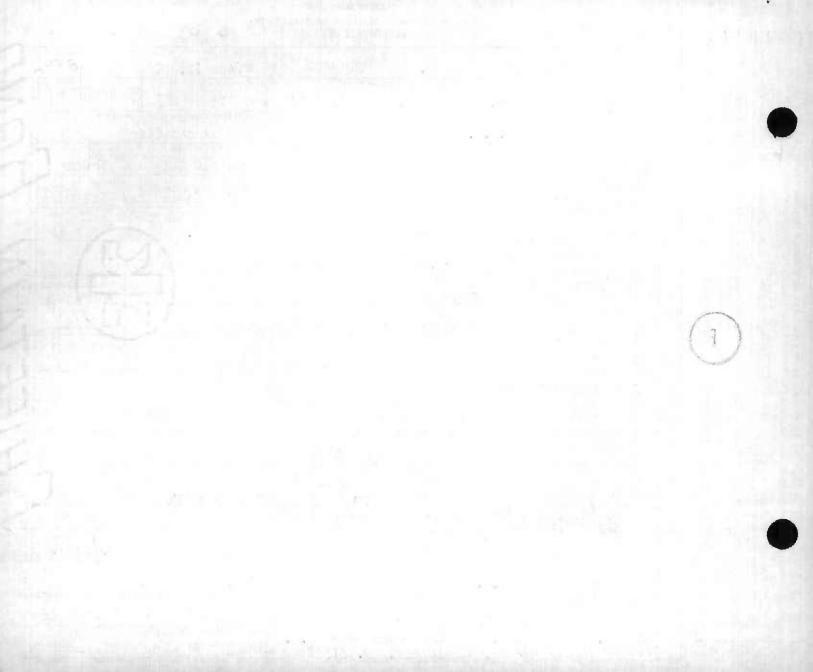
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	REG. NO.	

ELIZABETH M. SPADARO  June 18, 1986  BENARO  ELIZABETH M. SPADARO  June 18, 1986  BENARO  SEX  Female  White  June 14, 1914  June 14, 1914  June 18, 1986  BENARO  June 18, 1986  June	REGISTRAR		CERTI	TICATE OF DEATH	REG. NO	D	
ELIZABETH M. SPADARO JUNE 18, 1986  Female  White	DECEASED NAME				20 DATE OF DEATH	MONTH DAY	10
Female  White  June 14, 1914  72  VIS  PART COUNTY OF DEATH  U.S.A.  WARRIED  WARRIED  NEVER MARRIED  NEVER MAR	,	ELIZABETH	М.	SPADARO	June 18,	1986	BZBA
Female   White   June   14, 1974   72   72   72   72   72   72   73   74   74   75   74   75   74   75   75	. SEX	4 RACE		THE DAY YEAR	6 AGE (IN YEARS LAST BIRT		
MARRIED   SEVER MARRIED   Baltimore City   MM	Female	White	Jun	e 14, 1914		YRS	
MATYLAND  CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION  3300 Netar Road  3300 Netar Road  3300 Netar Road  3300 Netar Road  21208  FATHER'S NAME  13. COUNTY  3300 Netar Road  21208  FATHER'S NAME  13. MOCIL  3300 Netar Road  21208  FATHER'S NAME  13. MOTHER'S NAME	BIRTHPLACE (STATE		MARRI	ED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	TH
Baltimore    3300   Nethar Road   Tayen owns to work of working ust   Tayen owns to work owns   Tayen owns to work owns   Tayen owns	Maryland	u.s	A .	VV	Baltimor	e City	M
Battimore    3300 Netar Road		LIE NOT IN S	HICH BACKITY CIVE STORET ACCORSS	OR OTHER INSTITUTION		1 1 1 1 1 1	
## STATE   136 COUNTY   136 CITY OR TOWN   136 INTOREST   136 STREET ADDRESS / ZIP CODE   3300 Netar Road   21208    ## STATE   3300 Netar Road			Nerak Road				
MANUSANDE SAME  JOSEPH  MODIE  JOSEPH  SWEITZET  JOSEPH	3a. STATE		13c CITY OR TOWN		13e.STREET ADDRESS /	ZIP CODE	
JOSEPH SWEITZER  JOSEPH	Maryland		Baltimore		3300 Ner	ak Road	21208
JOSEPH  WAS DECEASED EVER IN U.S. ARMED FORCES?  (THE NOOD WINNOWN)  NO  WAS DECEASED EVER IN U.S. ARMED FORCES?  (THE NOOD WINNOWN)  NO  WAS DECEASED EVER IN U.S. ARMED FORCES?  212-03-7479  Addle Friedman  Same as # 13  IB CAUSE OF DEATH Enter only one couse per line for roll, it), and ic  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  CARDIAN BRUSS  IMMEDIATE CAUSE (b)  CARDIAN BRUSS  Conditions, if any, which gove rise to immediate governor gove rise to immediate governor gove rise to immediate governor gove rise t	FATHER'S NAME		LAST				LAST
The subsection of the contribution of the co	Joseph	1	Sweitzer			SIL	Jacobs
Real Cause of Death   Enter only one couse per line for (a), (b), and (c)						SS	
PART I. DEATH WAS CAUSE DBY  IMMEDIATE CAUSE (a)  CONDITIONS, if any, which gove rise to immediate couse (a), storing the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF (b)  CONDITION TO PART I. OR AS A CONSEQUENCE OF (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I. OR CONTRIBUTION TO POPULATE CONDITION FOR WHICH OPERATION WAS PERFORMED  198. CACIDENT WAS UNDERLYING AUSES OF DEATH?  198. CACIDENT WAS UNDERLYING CAUSE OF DEATH?  198. CACIDENT WAS UNDERLYING CAUSE OF DEATH?  198. CACIDENT WAS UNDERLYING CAUSE OF DEATH?  198. MONTH DAY YEAR  199. DAY  191. INDIVIDITY OCCURRED  191. PLACE OF INJURY  191. TO CATTON  191. OCCURRED  191. TO CATTON  191. STREET  191. TO CATTON  191. STREET  191. TO CATTON  191. STREET  192. TO CATTON  193. DATE STORED  194. STREET  195. STREET  196. CAUSE OF DEATH?  197. TO COUNTY STATE  198. THE TORROW  198. THE			212-03-7479	Adele Fried	dman Sa		
DUE TO, OR AS A CONSEQUENCE OF  CONDITIONS, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1: 0  CANUAL LAW, SEVAND COLD DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO PERATION WAS PERFORMED  196 DATE OF OPERATION  196 CONTRIBUTION TO REVINICH OPERATION WAS PERFORMED  216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTER MODICAL EXAMINES)  216, MCDIENT OF COURSE  217, MCDIENT OF COURSE  218, PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM, ELC.)  218, DIAGRAM  219, OND WHILE  AND	18 CAUSE OF DE	ATH (Enter only one cause p	er line far (a), (b), and (c)			BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
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190 DATE OF OPERATION    190 CONDITION FOR WHICH OPERATION WAS PERFORMED   200 AUTOPSY?   200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?   YES   NO						DITION GIVEN IN PA	ART 1 a
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER)  21e. PLACE OF INJURY  (IT YOR TOWN  STREET  CITY OR TOWN  COUNTY  STATE  220. I certify that I this haspital) attended the deceased from 1979  220. I certify that I this haspital) attended the deceased from 1979  220. I certify that I this haspital) attended the deceased from 1979  DEGREE  ATTENDING MEDICAL STAFF  PHYSICIAN'S NAME (TYPE OR PRINT)  220. DATE SIGNED  221. CEMATION, REMOVAL 236 DATE  222. NAME OF CEMETERY OR CREMATORY 236 LOCATION  BURIAL, CREMATION, REMOVAL 236 DATE  223. NAME OF CEMETERY OR CREMATORY 236 LOCATION	CATOLE					201 JE VEC WEDE	En ID II LOCALIST
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21d. PLACE OF INJURY  AT MORE STREET, FACTORY OFFICE FARM, ETC.)  22d. I certify that I this haspital) attended the deceased from 1979, and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated  22d. PHYSICIAN'S NAME (TYPE OR PRINT)  Penelope Scott M.D.  23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION  STREET  CITY OR TOWN  COUNTY  STATE  CITY OR TOWN  COUNTY  STATE  CITY OR TOWN  COUNTY  STATE  ATTENDING MEDICAL STAFF  PHYSICIAN DIRECTOR PHYSICIAN   22c. ADDRESS  Sinai Hospital, Baltimore, Maryland  B BURIAL, CREMATION, REMOVAL 23b. DATE  23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	A NAME OF ORE		A / A	ON WAS PERFORMED		IN CERTIFYING CA	AUSES OF DEATH?
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Belair Memorial Gardens Belair 6/20/86 ²⁴ FUREADIREMOR & Russell C. Witzker-Funeral Homes P. A. Date REC D. BY REGISTRAR 236. REGISTRAR'S SIGNATURE 1630 Edmondson Avenue, Catonsville, MD. 21228 JUN 23 1986

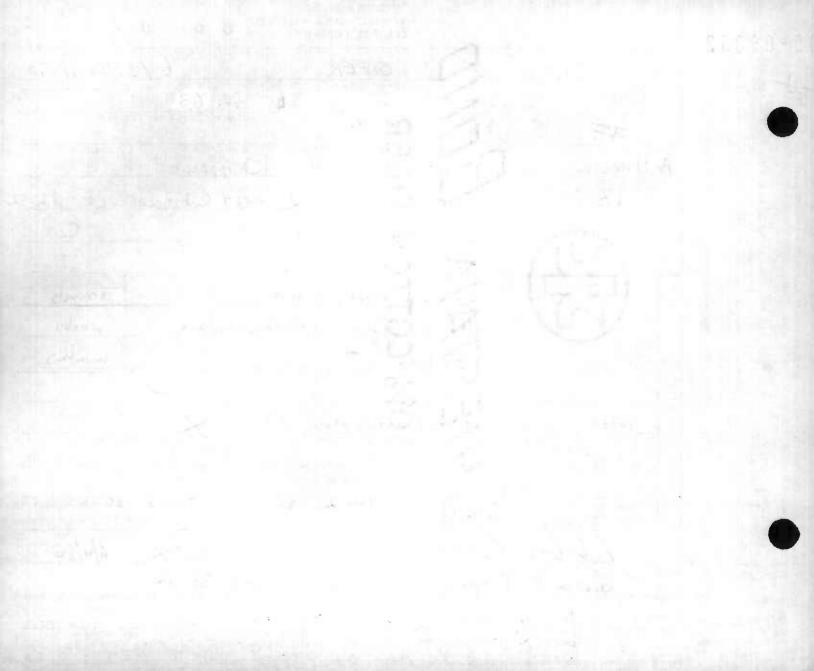
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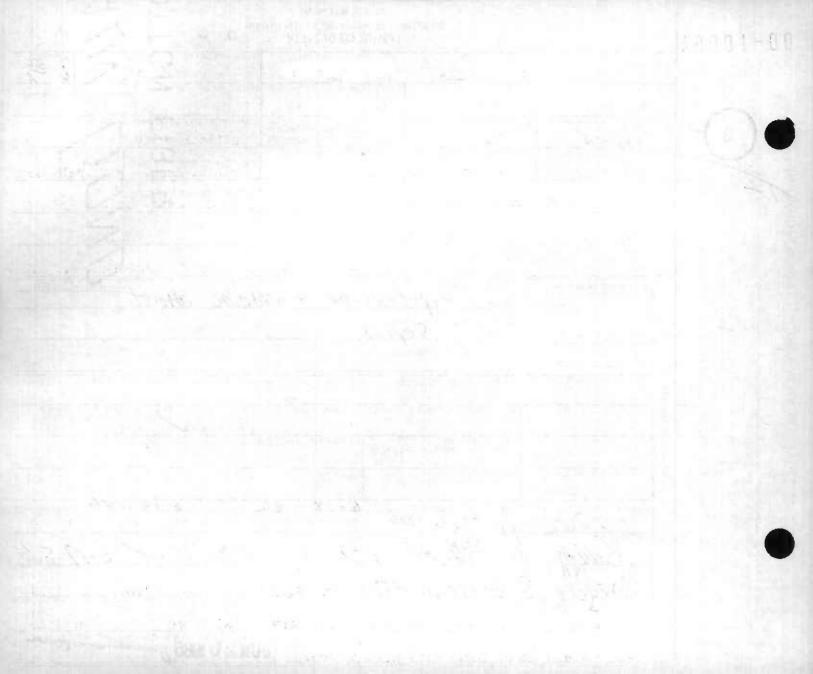
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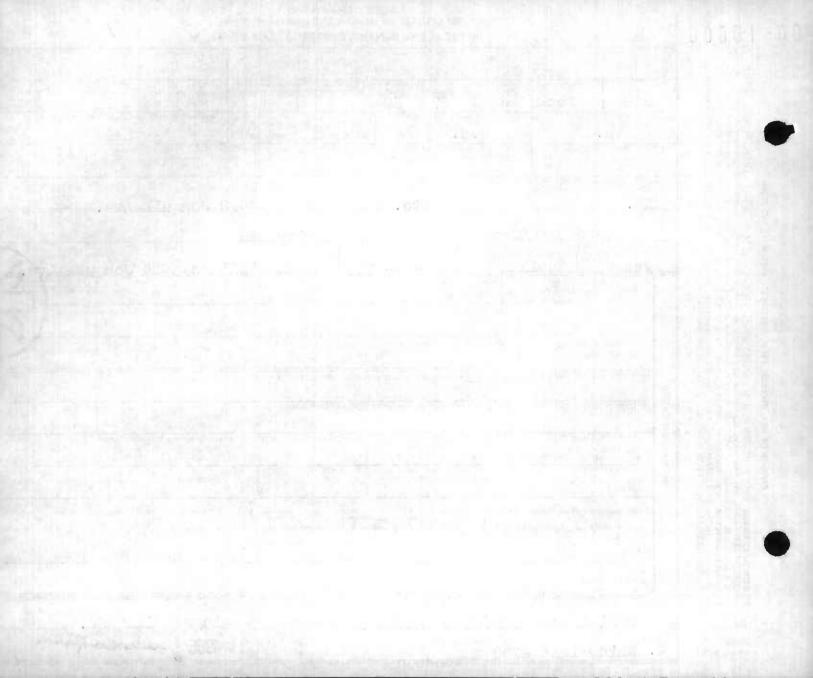
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) S AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE GIVE PAGES 1, 2, AND 3 TO THE FUNREAL DIRECTOR. THE FORM PM 3. RETAIN PAGE 5 FOR YOUR FILES. PAGES 1 AND 2 SHOULD BEFILED, WITHIN TO HOUSE VIOLD BEFILED, WITHIN TO HOUSE VISION OF VIUAL RECORDS, 301 WY PRESTON STREET, DEATH MATED XX Alexander Spratley 6-2] 19 86 4 RACE DATE OF BIRTH A AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED 7:36 27 Male Black 59 YRS 6 DEAD 1986 P. M 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S. la. DIVORCED Baltimore City ID CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY 5428 Jonquil Baltimore USUAL RESIDENCE (IE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13g STATE 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST LAST EIRS1 MIDDLE Edward Spratlev Betty Reaves ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT DIVISION (YES, NO. OR UNKNOWN) LIEYES GIVE WAR OR DATES! 54,28 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, DI RIAL, CREMATION, OR REMOVAL. APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION Carcinoma of Larynx 19a DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHII TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEPARTMENT OF STATE DEPARTMENT OF BALLIMORE, MARYLAND, 21201 PRIGRED OB UR YES | NOXX 214 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM FTC 1 STREET CITY OR TOWN COUNTY STATE Inspection XX 22a. I certify that I took charge of the remains described above, held on Autopsy ond in my apinion deoth resulted & Natural couses Homicide Undetermined monner 6-23-86 Assistant DATE EXAMINER'S NAME 21201 111 Penn St., Balto., Md. Dennis F. Smyth, M.D. 23a BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE FOTOST DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 07/84 25M 24. FUNERAL DIRECTOR **DHMH - 17** ADDRESS Wainwright (VR A15 ME (5))



(VRA 15, 4)

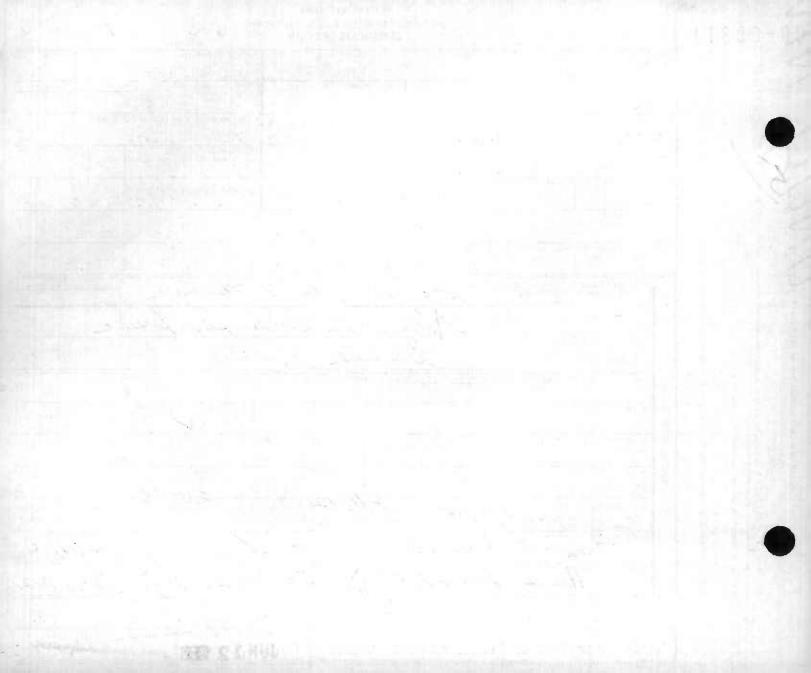
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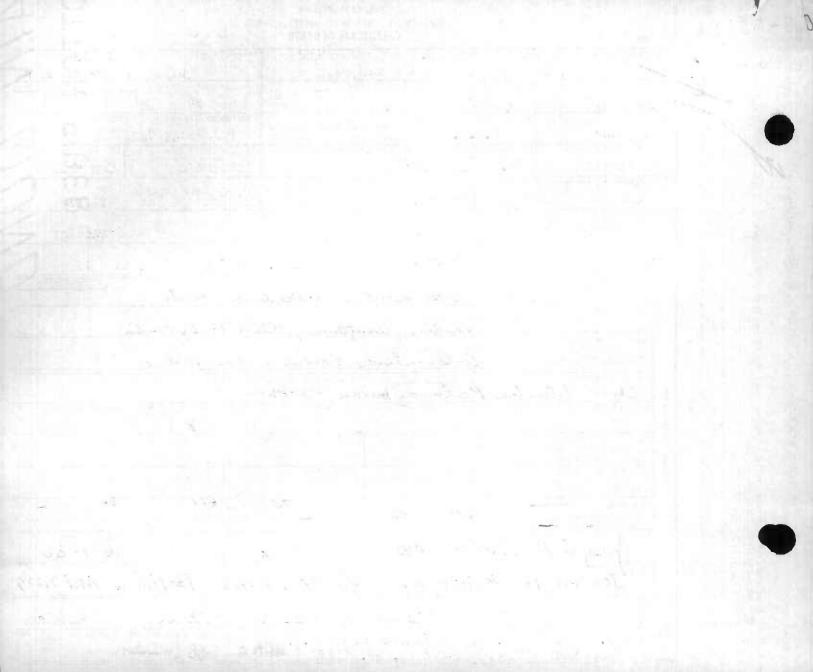


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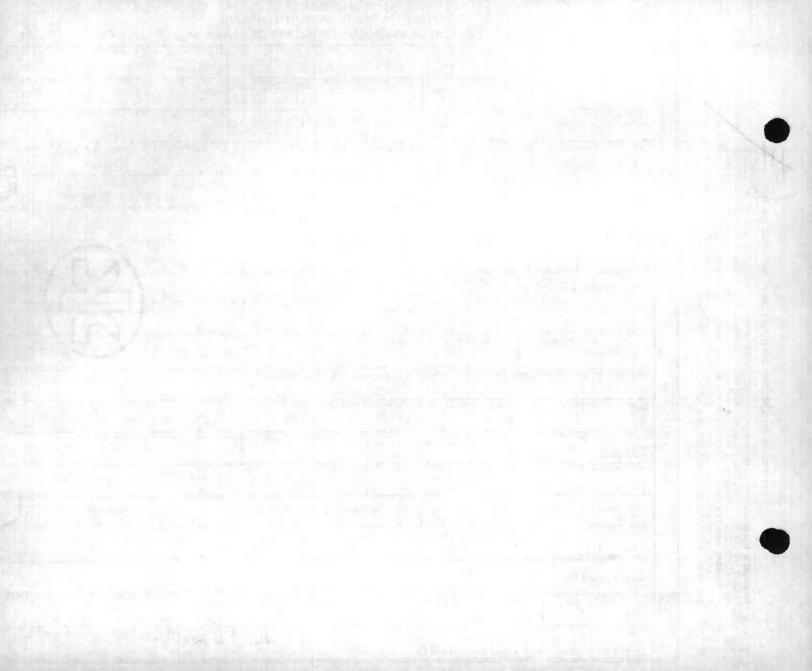
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0	MARYLAND	U.S.A.	WIDOWE		BALTIMORE C	'ITY ME			
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5 13a	AL RESIDENCE LIF NURSING HOME OR O			13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD	DE .			
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-/-/	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)			
dor Item	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19						
Jo / Ja	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION					
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2.	saw the deceased alive an_	June 23.	9 86 an	d that in XX (aur) apinian	death accurred an the date and ha				
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MPORTANT	Tyotin	Parikh		c/o MARYLA	AND GENERAL HOSP	ITAL			
23a.	BURIAL, CREMATION, REMOVAL		3c NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
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STATE OF MARYLAND

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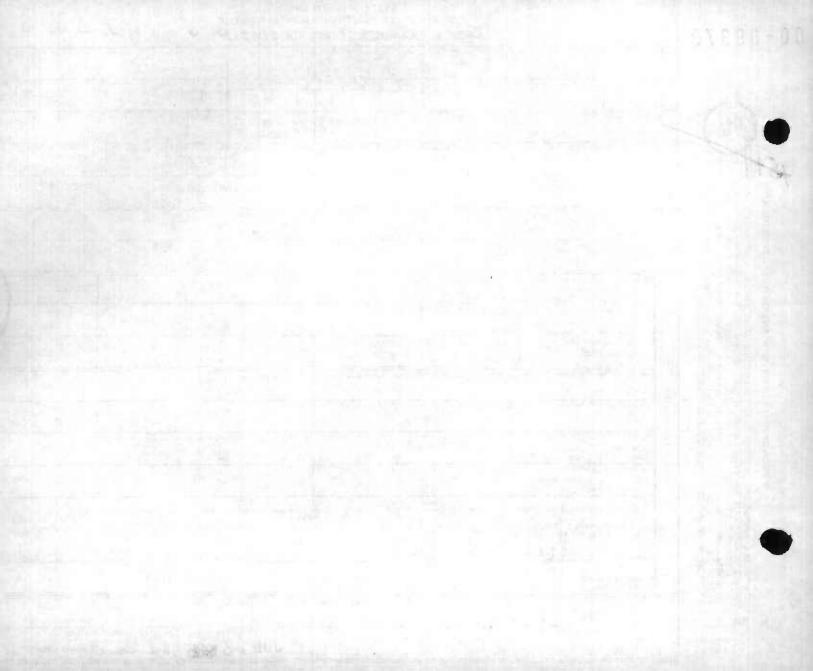


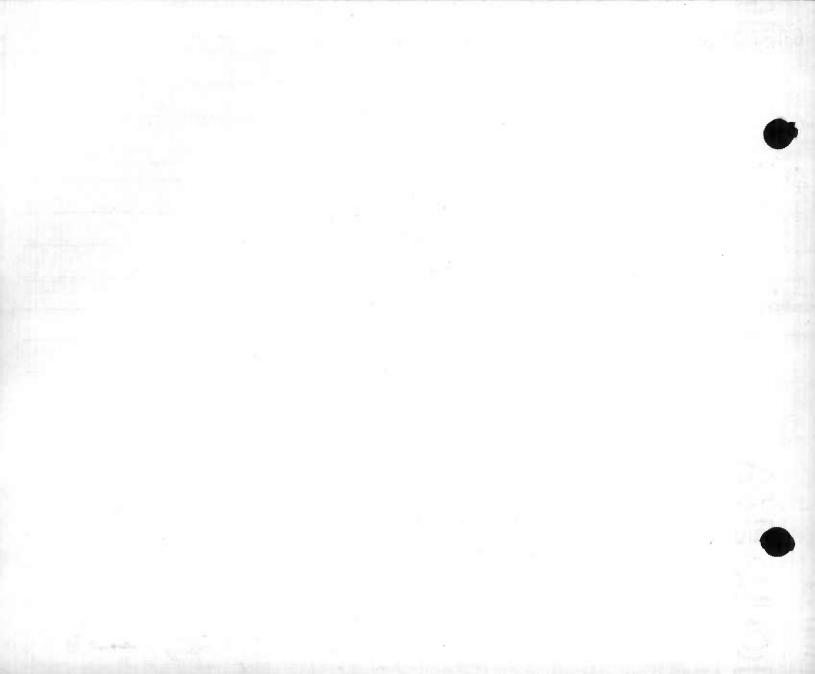
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00 - 09373REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN XX MONTH (TYPE OR PRINT) ESTI-DEATH MATED 19 86 William Jennings 4 RACE DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 10 86 Male Black 24 1935 50 a. N TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED EGREIGN COUNTRY Baltimore City MARYL AND DIVORCED O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17a USUAL OCCUPATION (TYPE OF WORK 17h KIND OF BUSINESS OR INDUSTRY 140 S. Culver Street Baltimore **GUARD** FT. HOWARD ISLIAI RESIDENCE UE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONA 13e STREET ADDRESS 140 S. Culver Street 3a STATE 136 COUNTY MARYLAND BALTIMORE Baltimore, Maryland 21229 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Danie' Webster Stewart Flliott. Josephine 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 140 SPREUlver Street 272-30-4301 Baltimore, Maryland 21229 Korean Mattie Stewart CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Arteriosclerotic Cardiovascular Disease DUE TO OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? (Body Only EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHI FOR **FUNERAL** DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURI. 710. EXTERNAL CAUSE WAS 216. TIME OF INJURY 716 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM IS PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY - 220. I certify that I took charge of the remains described shows held Autopsy XX Inspection and in my opinion Natural causes XX Suicide Hamicide Accident Undetermined monner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 6-9-86 SIGNATURE EXAMINER'S NAME ADDRESS 111 PEnn St., Balto., Md. Margarita A. Korell, M.D. 21201 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 6/13/86 Burial Garrison Forest Veterans

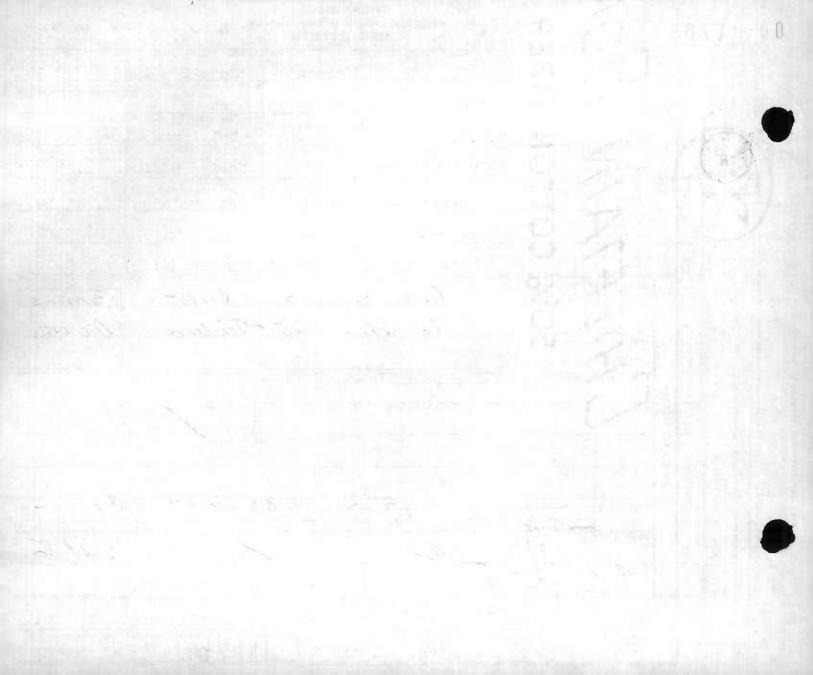
Baltimore, Mar

1250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

1250. TABLE PROPERTY OF THE PROPERTY OF T 07/84 Maryland 25M 24. FAUTATER CORSONS FUNERAL HOME, INC. **DHMH - 17** 2501 Gwynns Falls Pkwy. Baltimore, Md. 21216 y wow any door - yangate (VR A15 ME (5))

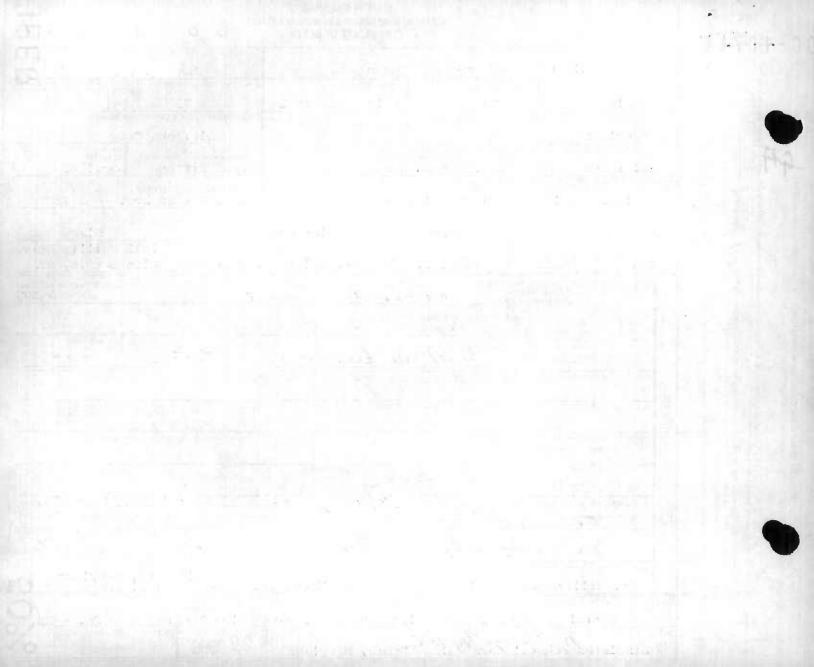






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111	130 STATE	de or other institution give result ounty list city list Bal	OR TOWN timore	13d INSIDE CITY LIMITS? YES NOW	13. STREET ADDRESS / ZIP (4809 Westland	code d Blvd 21	1227
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BP	36. BURIAL, CREMATION, REMO (SPECIFY) Burial	23b. DATE 6/28/86		Park Cemetery	Baltimore	COUNTY	si Md
DHMH - 16 60M 7/84 (VRA 15, 4)	George J. Gonc	e 4001 Ritchi		250. DAT	F PECID BY PECISTPAPIZES DE	EGISTRAR'S SIGNATUR	DE

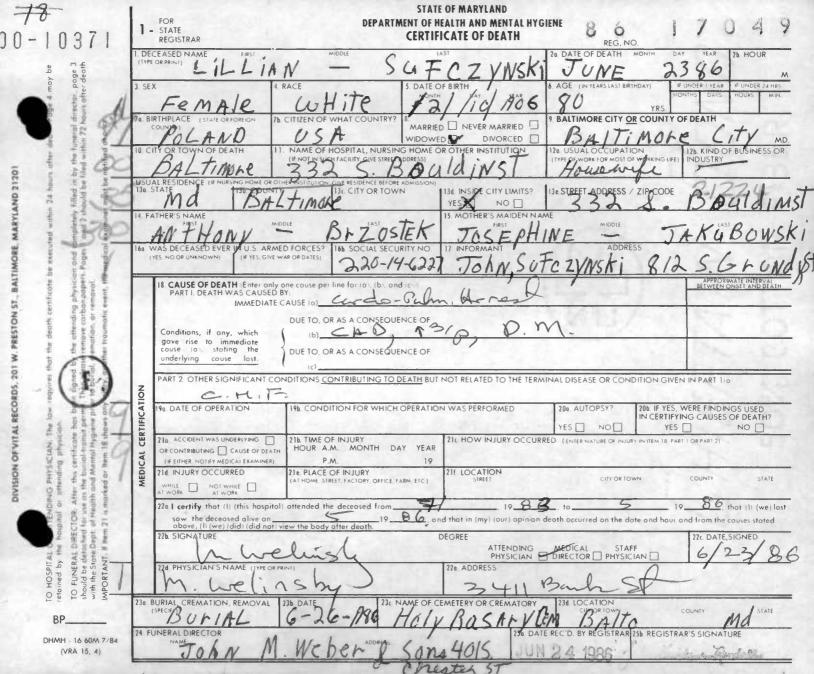
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2a. DATE OF DEATH DAY 2h HOUR 1. DECEASED NAME TYPE OR PRINT) Walter Edward Sturgeon 24, 1986 June 4. RACE 6. AGE IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX 5. DATE OF BIRTH YEAR Male White July 25, 1912 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Maryland USA Baltimore City WIDOWED DIVORCED [ O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LIYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore 2043 Harman Ave. Steam Fitter Local 438 USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13b. COUNTY 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Baltimore 2043 Harman Ave. 21230 Maryland Baltimore City YES X NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Black Agustus Sturgeon Florence 17 INFORMANT (Son) **ADDRESS** 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 1013 Phillip Drive HE YES, GIVE WAR OR DATES! Yes WWII 219.03.1340 Mr. Walter A. Sturgeon Glen Burnie, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Lovered 1 a IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO [ NO YES [ 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram. (and that in fmy) (aur) apinian death occurred an the date and haur and from the causes stated saw the deseased alive an. above, (1) (we) (did) (did nat) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 27d. PHYSICIAN'S NAME (TYPE OF PRINT) 64 Baltimore, Maryland Dr. William Waterfield, MD 3rd Floor, St. Agnes Hospital Tower 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL CREMATION, REMOVAL 236 DATE COUNTY STATE (SPECIFY) June 28,1986 Glen Haven Mem. Park Burial Glen Burnie A A Co. 25a, DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 Singleton Funeral Mome Glen Burnie, Maryland (VRA 15, 4)

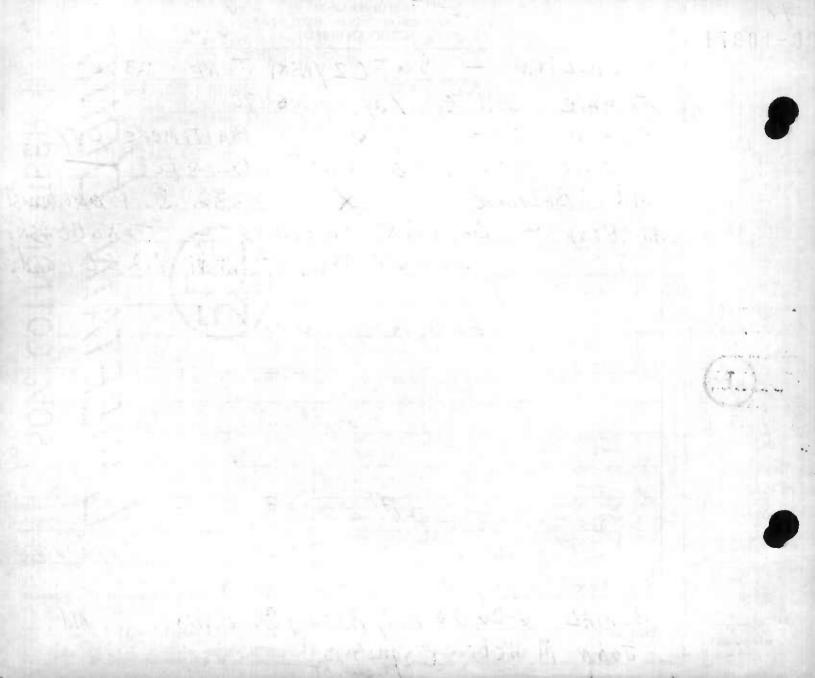


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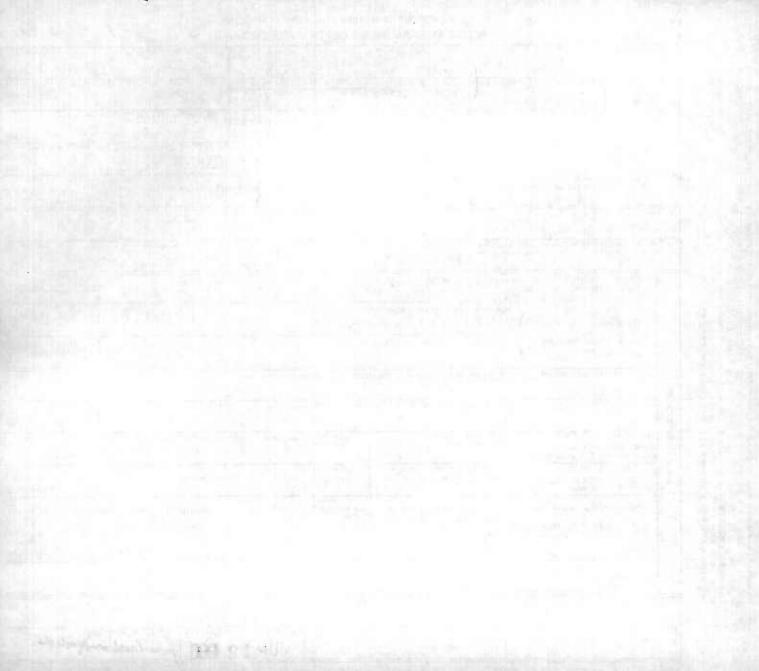


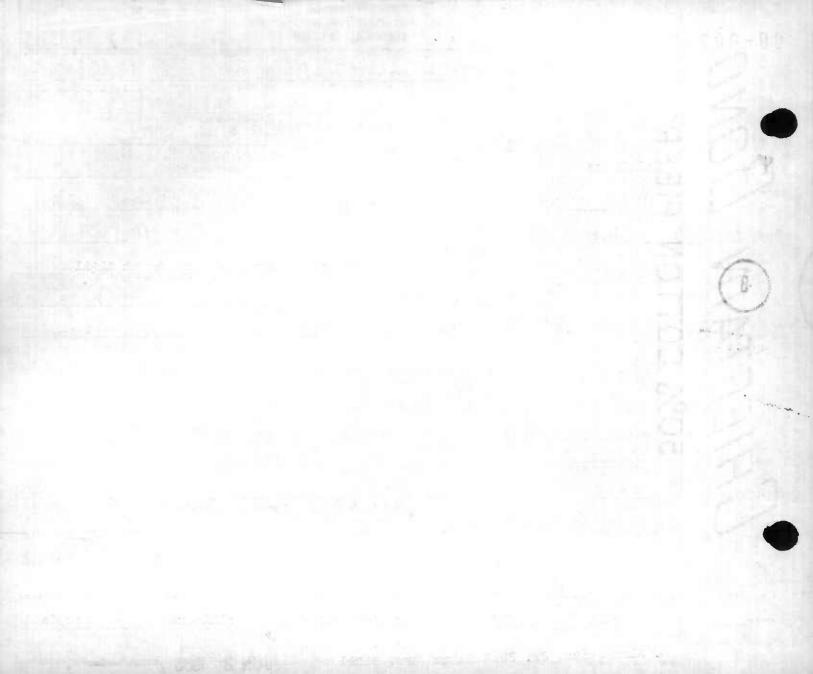




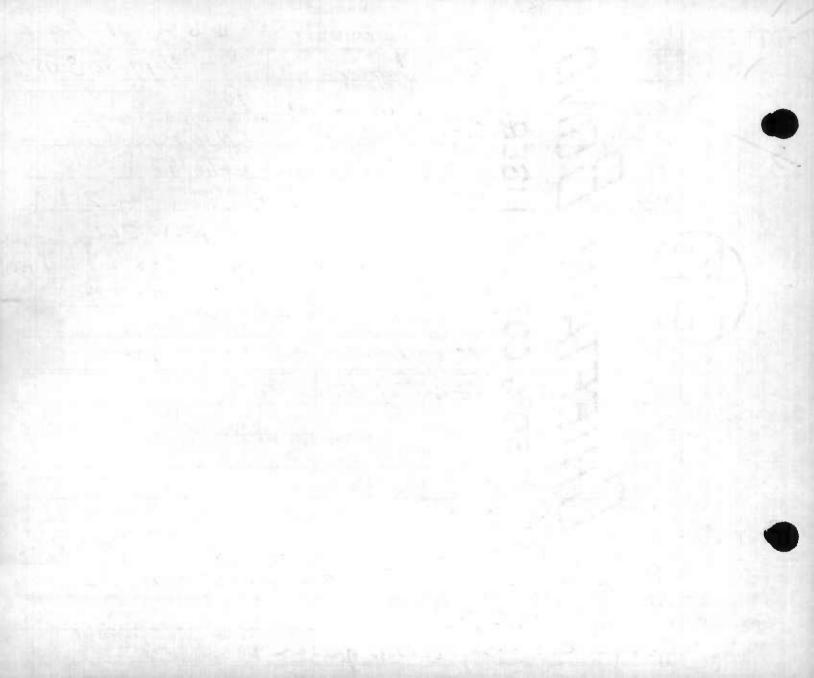


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20 DATE KNOWN X MONTH 7h HOUR TYPE OR PRINTI ANY DELAY IS NECESSARY, PLEASE ND 3 TO THE FUNERAL DIRECTOR.
BLAIN PAGE 5 FOR YOUR FILES.
PUID BE FILED, W. HELTON STREET, ESTI-Alfred J. DEATH MATED Sullivan 6/10/86 SEX 1 RACE DATE OF BIRTH 6 AGE IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS 2c. DATE 12:21 MONTH DAY YEAR LAST BIRTHDAY PRONOUNCED black 12 male 1944 42 DEAD 10/1086 DM 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED V NEVER MARRIED SA Baltimore City, WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH II. HAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Retired OR INDUSTRY Baltimore 572 Havenwood Ave. UAL RESIDENCE (IF IN NULL OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 134. INSIDE CITY LIMITS? 130 STREET ADDRESS OAK Drive 21014 I STATE Belair BALTIMORE, MD. 2120 Md 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Wiley Lark Edna Lark 8. GIVE PAGE WITH FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMAN T. PAGES 1 ADDRESS (YES. NO. OR UNKNOWN) 220-40-8363 Lena Sullivan 631 Red Oak Drive No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BURIAL-TRANSIN - END AND MENTAL HYGIENE, C PART I DEATH WAS CAUSED BY Pulmonary Thromboembolism IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 I.O. BI ED AS A I CERTIFICATION Hypertrophic Cardiomyopathy BE USED / NT OF HE/ BURIAL, C 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? INER: THIS CERTIFICATE SHICATE, WORLD THE WORLD THE CHECKNARDED TO THE CHEORY PAGE 3 SHOULD BE LESTATE DEPARTMENT CAND, 21201 PRIQR TO BUR YES X NO [ 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL P.M 19 714 PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21 LOCATION STREET, FACTORY, FARM, ETC.) STREET AT WORK AT WORK WHILE CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STIF BALLIMORE, MARYLAND, 21 220. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian death resulted fram: Natural Corse Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 6/11/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. (TYPE OR PRINT) lll Penn St ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE COUNTY Burial 6/17/86 Randallstown King Memorial Park 07/84 BP 25M 24. FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Julia Davidson March Funeral Home West 4300 Wabash Avenue (VR A15 ME (5))





	1	LITEM 13E. STATE OF MARYLAND
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MORE.	160 V	VAS DECEASED EVER	IN U.S. AR		166 SOCIALS	SECURITY NO.	Paul Swai	m 6534 Pari		e. 21222
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B OSETAL OR ATTENDING, PRYSECLAN, The low-requires that this reath confect wild by the happing or attending physician. UNERAL DIRECTOR, After this sentificate has been signed by the orienting plys id be detached for use as that based transit perior. Then please early, configuration for some oriental managements of the product of the plants of the product of them. If shows any injury, product transmitte event NETANT is hear by is marked or than 18 shows any injury, product transmitte event	MEDICAL CERTIFICATION	21g, ACCIDENT WAS UNK OR CONTRIBUTING (IF EITHER NOTIFY MEON 21d INJURY OCCUR! WHILE NOT WHAT WORK AT WO 220 I certify tha (I)	which nediate g the lost.  WIFICANT (  LON LOND  CERT  DERLYING CALEXAMINER  RED  Whis hospi	DUE TO, OI  (b)  DUE TO, OI  (c)  CONDITIONS CC  19b. CONDI  a) prove  21b. Time o  No HOUR A.  21e. PLACE  (AT HOME STE  tal) attended the  (b) prove  (c)  (c)  (d)  (d)  (d)  (e)  (e)  (e)  (e)  (f)  (ii)  (iii)  (iii	R AS A CONSI  COMP  R AS A CONSI  DITION FOR WHO  IN MONTH  M. MON	EQUENCE OF  TODEATH BUT  TODEAT	NOT RELATED TO THE TER.  PRO IN WAS PERFORMED  IXON, M.E.  211 LOCATION STREET  19  INDUSTRIES  19  INDUSTRIES  ATTENDING	FATCUR  A MINAL DISEASE OR COND BABLE PO  200 AUTOPSY? YES NO A  RRED (ENTER NATURE OF INJURY  CITY OR TOW  6, to 6	20b. IF YES, WERE FIN CERTIFYING CA YES OF THE TOTAL TO THE ATT TO	FINDINGS USED AUSES OF DEATH? NO  ART 2)  ART 2)  ART 2  A
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DIRECTOR: After this certificate has been signed by the attending physician and periphers. After this certificate has been signed by the attending physician and periphers.	8
oched far use os the buriol-transit permit. Then please remove carbon papers. Pages Upply Threshold within 17 pages ofter death. CD Dept. af Health and Mental Hygiene prior to buriol, crematian, or removal.	5

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE OF DEATH DECEASED NAME FIRST MIDDLE MONTH 26 HOUR TYPE OR PRINTS Lawyer Swinson 1986 6 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IE UNDER 24 HRS 3. SEX male black 15 1933 53 To. BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore city WIDOWED O. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) 3611 Segouia Avenue Baltimore ergyman USUAL RESIDENCE (IF NURSING OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION COUNTY Baltimore 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 3611 Segouia Avenue YES TX NO F 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Thompson Andrew Swinson Nannie 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ( YES NO OR UNKNOWN) HE YES, GIVE WAR OR DATES! Louvenia B. Swinson 3611 Segouia Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b , and PART I. DEATH WAS CAUSED BY neumonia IMMEDIATE CAUSE (a) neurologic Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last I mmunode. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL ONDITION GIVEN IN PART 11a CERTIFICATION none 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO T 71n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 220.1 certify than III this haspital oftended the deceased fram quaus May 23 and that in (my) (aur) apinion death accurred an the date and have and from the causes stated ew the body ofter death 225 SIGNATUR DEGREE 72c DATE SIGNED ATTENDING MEDICAL should be deto with the State PHYSICIAN DIRECTOR PHYSICIAN ! 224 PHYSICIAN'S NAME 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) Burial COUNTY 6/10/86 Arbutus Memorial Park Arbutus Md 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 March Funeral Home West 4300° Wabash Avenue

(VRA 15, 4)

STATE OF STATE

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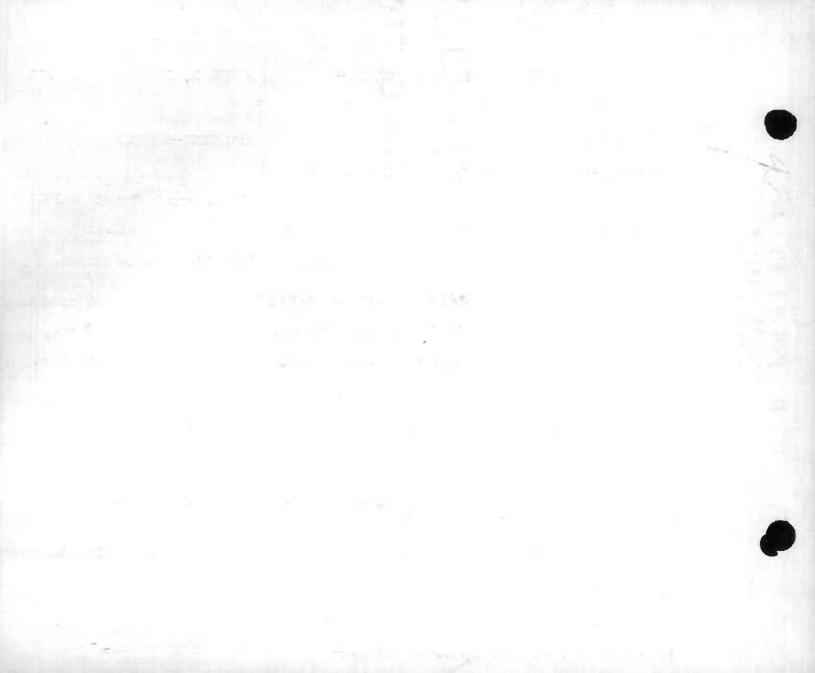
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In Cause of Death (Enter any one cause per line for (a), (b), and (c)   Part 1. Death Was Caused BY:	Poge	7		YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES) 213-	09-3097	Mary Tayle	or 755 L:	innard	Stre	et
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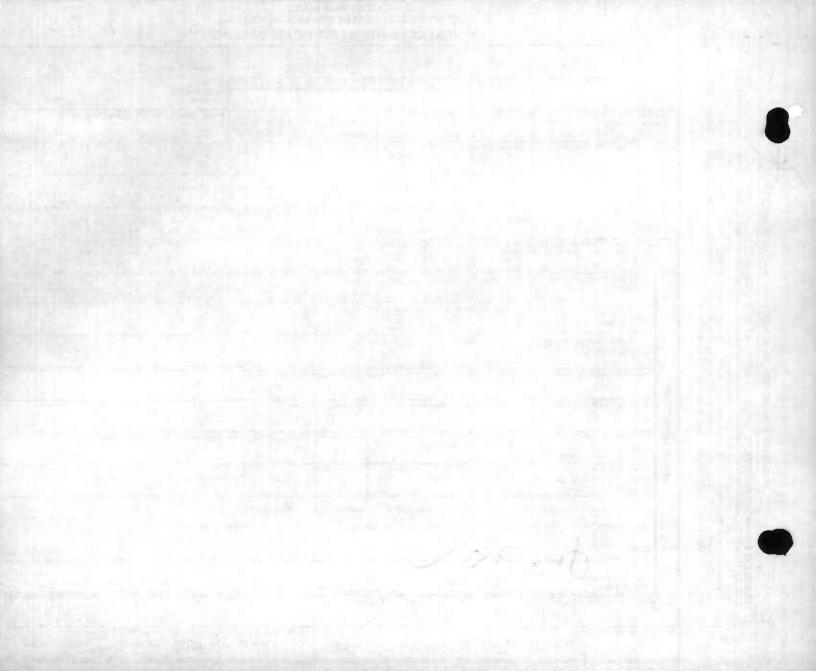
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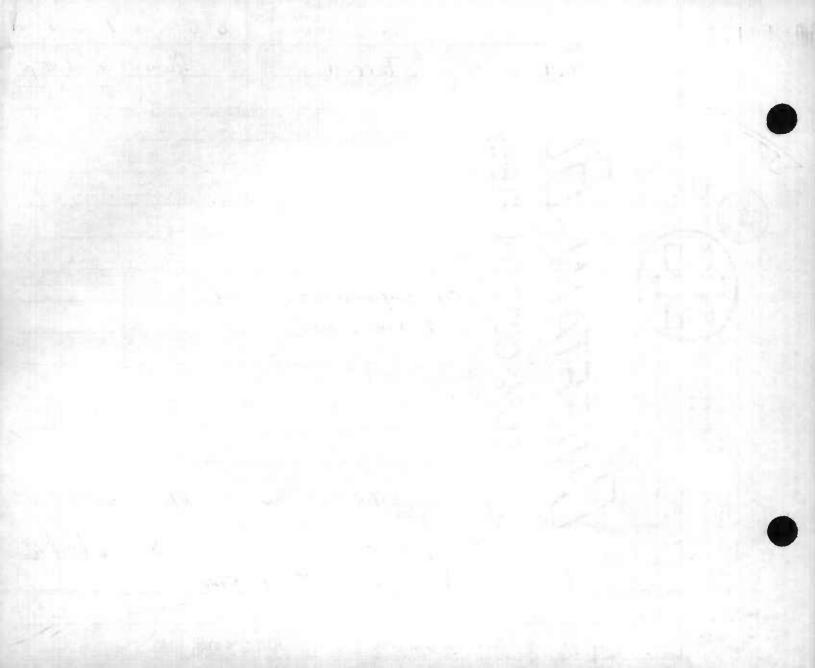
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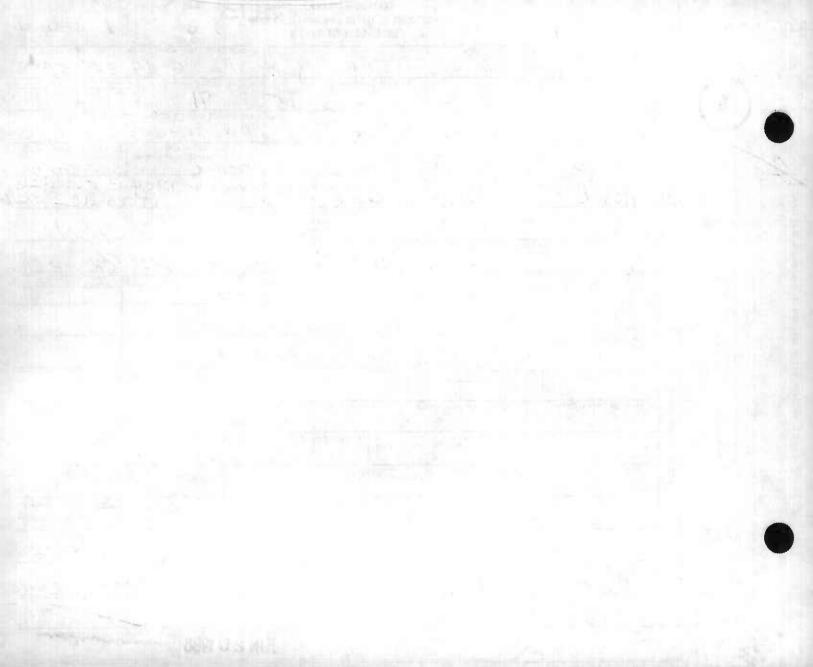
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 2a. DATE OF DEATH MONTH DAY YEAR Zh. HOUR TYPE OF PRINTI IF UNDER 24 HRS 3 SEX 4 RACE . AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR MONTHS DAYS HOURS TE BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY wainia DIVORCED [ WIDOWED ID CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESSI ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY ISUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 130 STREET ADDRESS 170 1136 COUNTY 13d INSIDE CITY LIMITS? NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMAN (YES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES! 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE-OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 190 DATE OF OPERATION 20e AUTOPSY? 20h. IF YES. WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [ NO YES T 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 214 INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY STREET CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on. and that in (my) (aur) opinion death occurred on the date and haur and from the causes stated obove, (1) (we) (did) (did nat) view the body ofter death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING A MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN TO FUNERA should be det with the State 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS arison Blod Balie 23a BURIAL, CREMATION, REMOVAL 23b. DATE 13c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial STATE 6/23/86 Eastview Mem. Pk. Dundalk, 250. DATE REC'D. BY REGISTRAR 251. REGISTRAR'S SIGNATURE OF THE STATE 24 FUNERAL DIRECTOR DHMH-16 25M **ADDRESS** (VRA 15, 4) 1/79 Wm C March F/H West 4300 Wabash Ave.



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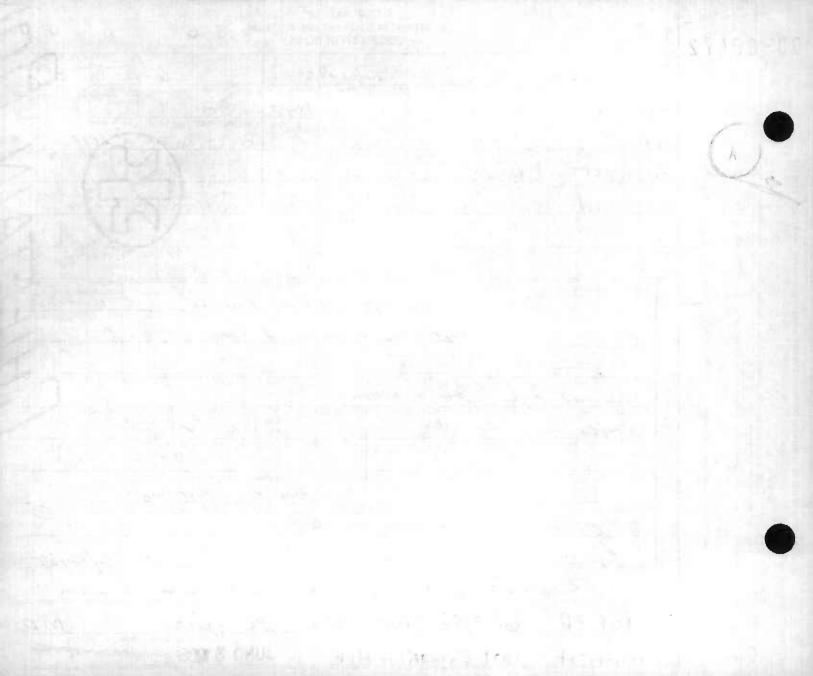
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## STATE OF MARYLAND

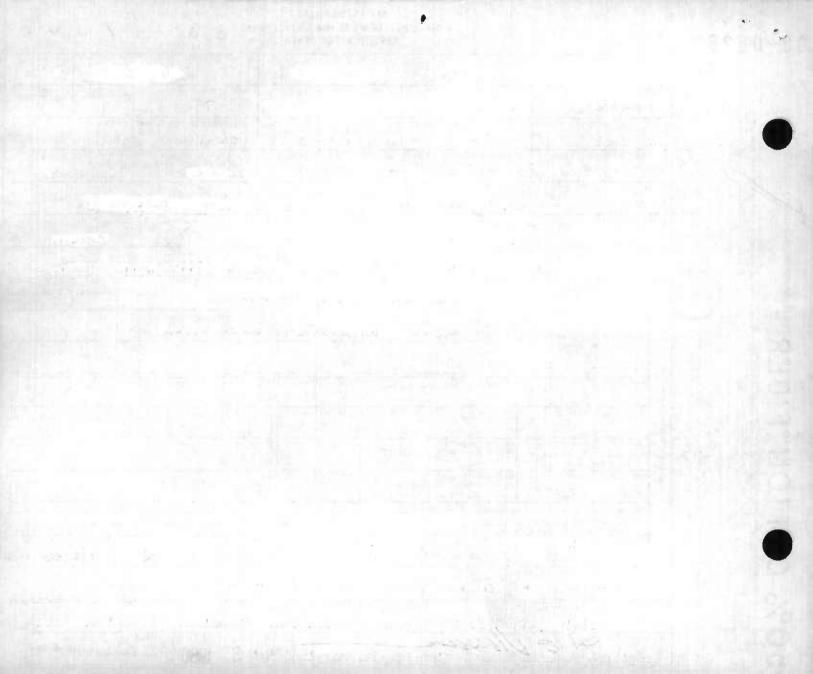
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

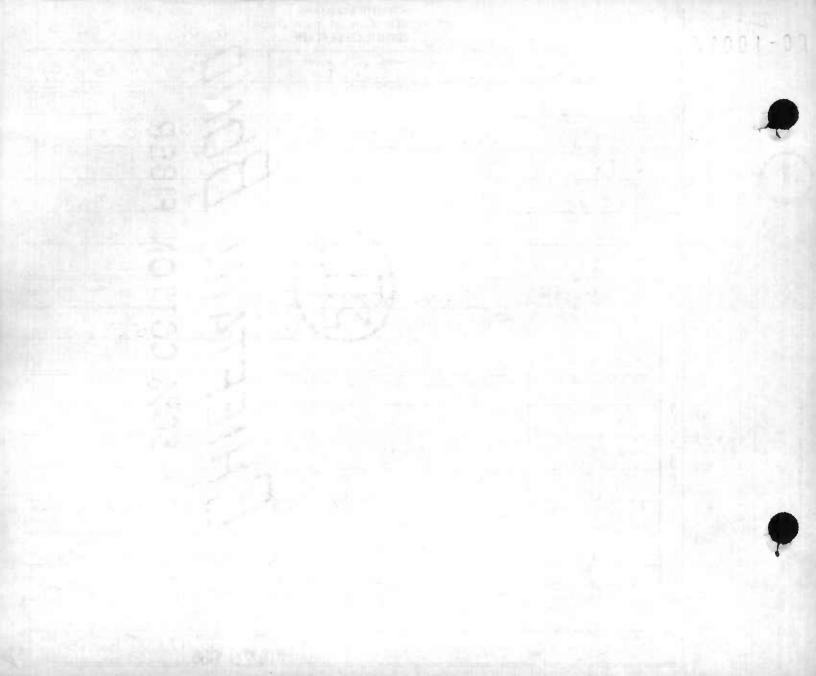
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22d PHYSICALS NAME (IVPE OR PRINT)  22d ADDRESS  22 S, GREAT St. B. St. M.D. 2 1201  23d BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) BURIED 23b. DATE (SPECIFY) BURIED 23b. DATE (SPECIFY) BURIED 23b. DATE (SPECIFY) BURIED 24 FUNERAL DIRECTOR  22d ADDRESS  22 S, GREAT St. B. St. M.D. 2 1201  23d LOCATION CITYOF TOWN CITYOF TOWN COUNTY MALED  24 FUNERAL DIRECTOR  25d DATE REC'D. BY REGISTRAR'25b REGISTRAR'S SIGNATURE		N.	M.			ATTENDING	MEDICAL STAF	F	1.11	2/8/2	
23d BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CHIPORTOWN COUNTY STATE  24 FUNERAL DIRECTOR 25b DATE RECID. BY REGISTRAR 25b REGISTRAR'S SIGNATURE		100	- American	OR PRINT)			J DIRECTOR E PHISIC	ANE	101.	100	
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24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR'S SIGNATURE		23a B	SPECIFY OF THE SPECIF	236. DATE 23c	NAME OF C				COUNTY	STATE	
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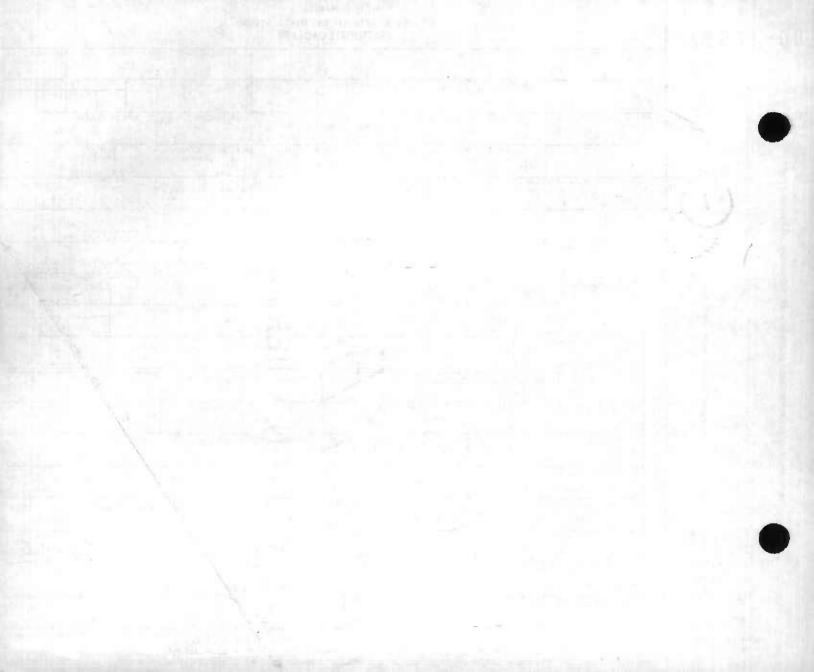


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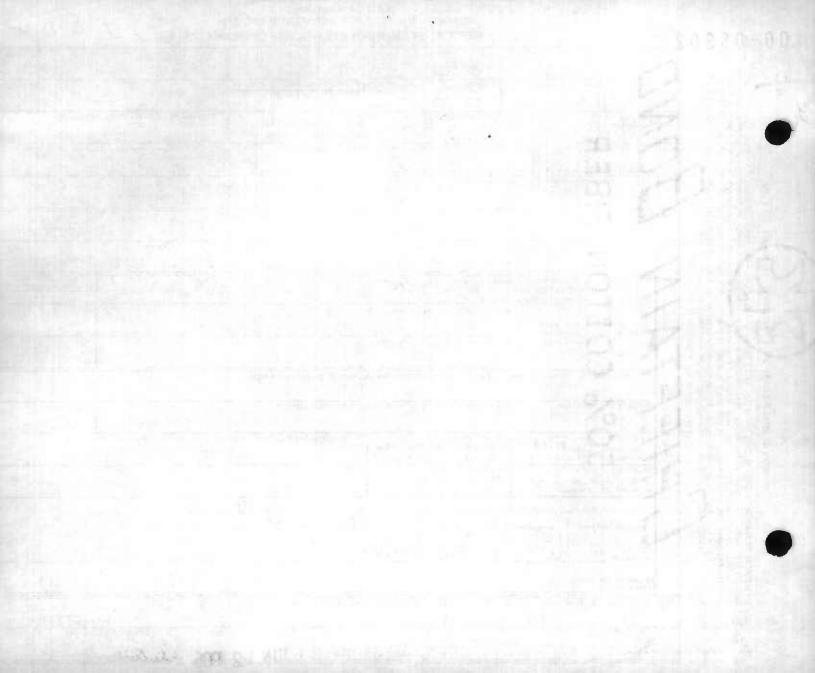




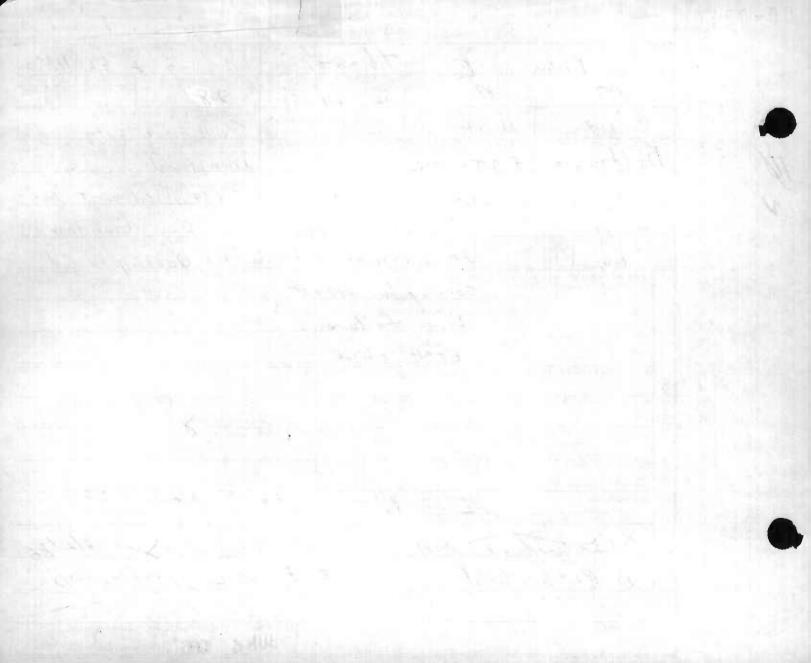
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RYL.		I4 FA	THER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN NA	AME	LAST
WA Ped	E Q S	2	JOSEPH		THOMAS SR.	DORIS		TYRANCE
Security Sec	adicel		AS DECEASED EVER IN U.S. ARES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b	SOCIAL SECURITY NO	. 17 INFORMANT	ADDRESS	
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BAL cate	ysiction of the state of the st		18 CAUSE OF DEATH   Enter or PART I. DEATH WAS CAUSE	nly one couse per line	for 10 (b) and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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os. 2	signe hen p ta bur njury, a	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTI	RIBUTING TO DEATH B	UT NOT RELATED TO THE TER.	MINAL DISEASE OR CONDITI	ON GIVEN IN PART 1/0
OR	ee - o	CERTIFICATION	19a. DATE OF OPERATION	19h CONDITION	N FOR WHICH OPERAL	ION WAS PERFORMED	20a AUTOPSY? 20	b. IF YES, WERE FINDINGS USED
REC IO		IFIC.	THE DATE OF OFERALION	178. CONSTRO	TOR WINCH OF ERM	IOT TO A DE IN ORMED	YES NOT	CERTIFYING CAUSES OF DEATH?
ITAL	cate hos ransit per Hygiene 18 shows	ERT	21g. ACCIDENT WAS UNDERLYING	216. TIME OF IN		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN	
OF V			OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	MONTH DAY YEA	AR .		
ONO HYSIG ding	burial-t burial-t   Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER, 21d. INJURY OCCURRED	21e PLACE OF II		21f. LOCATION		
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN. The low requires the	os the thond arked	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, F	ACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
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TTEND	DIRECTOR ached for u Dept. of He f Hem 21 is		sow the deceased alive or above. (1) (we) (did) (did no	5 ~	22 19 86	and that in (my) (our) apinior	death occurred on the date o	and hour and from the couses stated
A POS	hed hed hept.		THE SIGNATURE	1		DEGREE		22C. DATE SIGNED
			h > > /	M	-NOK	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	0 6-24:58
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(VR A 1	3 (4) )		E.L. PHILLIPS	1721 NO	RTH_MONROE	STREET	UN 25 1986	to Bridger-Royder



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يو ۵	3 SE	x 10	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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	16a	WAS DECEASED EVER IN U.S. AR		URITY NO. 17 INFORMANT	ADDRESS	
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T., BAL tificate physical moval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per line for (a), (b), ar	nd (c1.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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RECORDS.  Iow requires  os been signermit. There is prior to be to sony injure.	7 5	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
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20 00	CERTIFICATION	710. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	2), HOW IN HIRV OCCUP	RED (ENTER NATURE CONJURY IN ITEM	
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7- ~ 5 9 5		saw the deceased alive an	//1	01	death occurred on the date and	
R ATTER hospito IRECTON hed for ept. of H		above, (1) (we) (did) (did no	t) view the body after death		dedin occurred on the dote ond	
** C 0 0 0 0		271. SIGNATURE	1	DEGREE		221. DATE SIGNED
AL DI detocl		Detre	day 1 Mn	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/2/5
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pa 1.	23u.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	Anne Arunde 1	CO STMD
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DHMH - 16 50M 4/83		UNERAL DIRECTOR			TE REC'D. BY REGISTRAR 256 REC	GISTRAR'S SIGNATURE
(VRA 15, 4)		March Funeral	Home West 4300 1	Wabash Avenue	UNA 1000 Gull	a Davidson Jondalle
			1000 1	TADADIT THE TIME		



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Homer L. Thomas Digs M. E Manager

Jun 23 1961 Rosenstin Demesson Demissort

Longed J. Buck, Lyc. Baltigrord, Mayeland Man - College



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	0	

	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYG	IENE 8 6 REG. NO.	17	07
	I. DECEASED NAME FIRST (1YPE OR PRINT) Charle	es M. Thompson		ASI	June 30, 1986	DAY YEAR	26 HOUR 11:40A _M
-	3. SEX	4. RACE	5 DATE C	OF BIRTH	C. Acc (miles and series	IF UNDER I YEAR	
)	Male	White	Octo	ber 1, 1913	72 _{YRS}	ONTHS DAYS	HOURS MIN.
-	70. BIRTHPLACE (STATE OR FOREIGN Mary Land	U.S.A.	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore C		MD
	Baltimore	11. NAME OF HOSPITAL, NURSIN 824 W. 33rd Str	eet	DR OTHER INSTITUTION	120 USUAL OCCUPATION LEVE OF WORK FOR MOST OF WORKING LIFE POLICEMAN	126 KIND C INDUSTRY Balto	• City
1	USUAL RESIDENCE IF NURSING MOME O 130 STATE Maryland		N	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 824 W. 33rd Str	eet	21211
1	Lewis E. Tho	middle Last	10	Martha	H. Mullinex	LAS	ST
	160 WAS DECEASED EVER IN U.S. AF	rmed forces?  NE WAR OR DATES)  166 SOCIAL SECU  213 03 4		Ferne D. The	ADDRESS Ompson	Same	
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ness	Trition 1	8. 7.	10	yr nra
	PART 2 OTHER SIGNIFICANT  198. DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO D	an	Tom Dis	IN CERTIFY	, WERE FINDING CAUSES	
0		HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)	
	OR CONTRIBUTING LAUSE OF DE LA	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	saw the deceased plive or above, (1) ( <del>we</del> ) (did) ( <del>did m</del>	n 25 19 20 view the body ofter death			to 6 30, death occurred on the date and hour		
	22b. SIGNATURE Hillia	m & Bonson	In	- /-	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE	SIGNED
	Dr. William I	P. Benson, Jr.		3506 N. Calv	vert Street, Balt	imore,	Md.

231 NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Burgee-Henss Funeral Home, Baltimore, Md. 21211

07/03/86

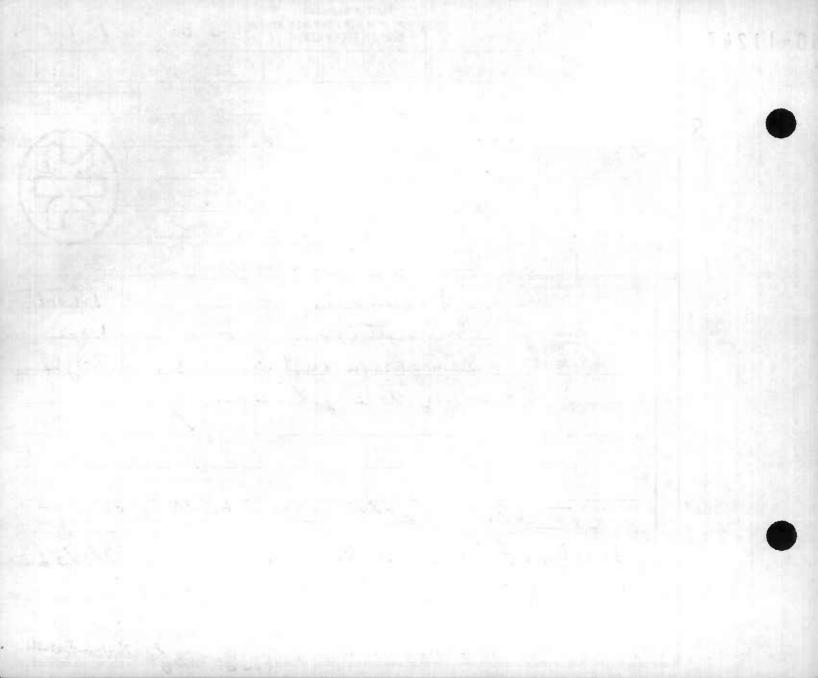
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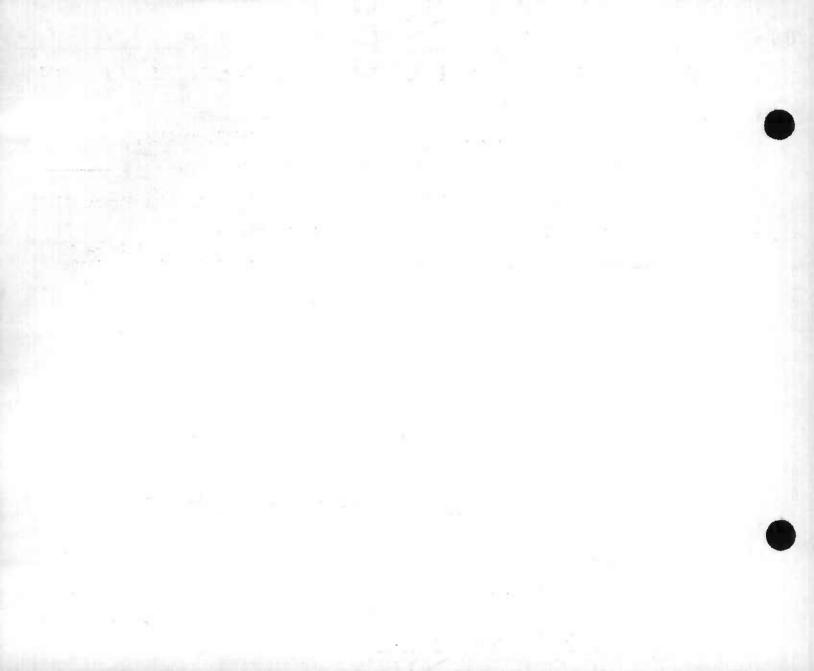
230 BURIAL, CREMATION, REMOVAL

Burial

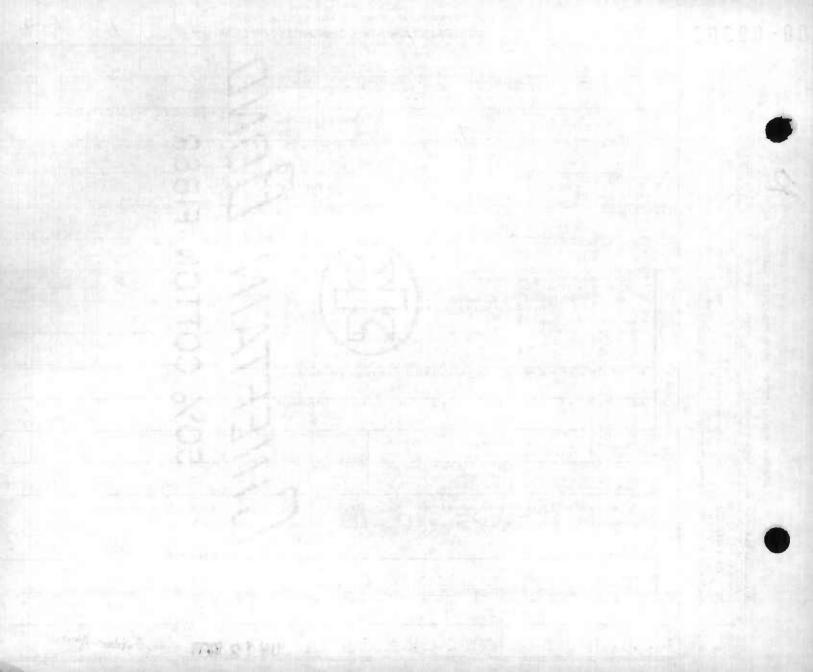
Woodlawn, Balto.Co., Md. STATE

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE





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		(TY	CEASED NAME	FIRST		WIDDLE			LAST		2	O. DATE I	KNOWNX ESTI	MONTH	DAY	YEAR	2b. HOUR		
	益용작동반			James	OLI	VER			mpson				MATED [	□ 6 <i>,</i>	1 9/	19 86	5 M		
	20元支援	3. SE	X 4 RA	CE	S DATE OF BIRTH	YEAR	6. AGE (IN YEA			HOURS I		RONOUN	CED	MONTH	DAY	YEAR	24 HOUR		
	NASE .	M		B	12 24	67	18 YR	Morani	DATS	HOURS	MIN F	DEAD	CED	6,	1 9/	1986	PM		
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	23.5 £ £		ARYLAND		U.S.	λ		WIDOW	_	DIVORCE	-	Bal	timor	e Ci	EV.		440		
_	SHART S		ITY OR TOWN OF D	EATH	11 NAME OF HO	SPITAL, NU		OR OTH	ER INSTITUT		12a USUA	AL OCCUP	ATION (TY		12b Ki	ND OF BL	ISINESS		
	ALOSO TOSO		Baltimo	re				ni ta	1		FOR MO	OST OF WORK	ING (IFE)		0	RINDUST	RY		
n	日本の	USU	AL RESIDENCE (IF IN											7	10	13			
12	39130	13a. S	STATE			13c. CITY	ORTOWN		134 INSIDE CIT	-		ET ADDRES		d	21210				
	1 000			<u> </u>		1 BAL	TIMORE		YES X	NO L	2625	MUR	A STR	EET.	T.				
2	5-205	100	FIRST		MIDDLE									GILLIAM					
OR	BB 2 8 -			D INTUIT A DA	0.		OMPSON	INIO	D]	ANE		L	ADDRES		GIL	LIAM			
T W	93255	17	ES NO. OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)						ADCON.	1 262							
BAL	A SPERIOR						7862289	,	ADDIE	S THO	MPSON	262	5 MUR	A STI					
17	5 × × ×		18 CAUSE OF DEATH	ATH (Enter anl	y ane cause per lin	e far (a), (b	), and (c).)								BET	PPROXIMATI WEEN ONSE	TAND DEATH		
N.	A WORKS		, military					Hang	ing										
STE	ZZZZZZZ				DUE TO, O	R AS A CO	NSEQUENCE C	)F											
0. 0.	A A NEW A PARTIES				(b)			aut-			-			W. T					
. ≥	OR THE WENT		cause (a) stating the <u>under-lying cause lost.</u> DUE TO, OR AS A CONSEQUENCE OF																
	ONANA	133	17 11 9 Cabic 10	<u></u>	( (c)					1.5		- 7	SUST						
SOS	AAN BENE	10	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)																
0	NO N	N N	1000																
	L FE A	18	190 DATE OF OPE	RATION	196 COND	ITION FOR	WHICH OPERA	ATION W	AS PERFORM	NED?	ma.				20 /	AUTOPSY'	?		
¥	00====	E			1000											YES X	NO 🗆		
J.	T PEN	1 %					DAY VEAD	21c. HC	OW INJURY (	OCCURRED	ENTER NA	ATURE OF INJ	URY IN ITEM 1	8 PART I OR F					
NO	SHOW THE						9/ 1986	gui	bject	hange	as he	1f							
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á	VRIT VRIT SE SE SE	E	AT WORK AT				TC)		to. Ci	tv .Ta	ail.	401 H		ger S	YTAUC	Balt	o.City		
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	A VERNEY		ACTUAL TITLE (SPECIFY)										DATE		6/10	1/96			
	SHA SHA		SIGNATURE										0/10	700					
	NO N		EXAMINER'S NAM	E Croa	Oru D V	auffm	an Mr			111	Don	n St.							
Baltimore  Baltimore  Johns Hode  Johns Ho							ADDRESS				•								
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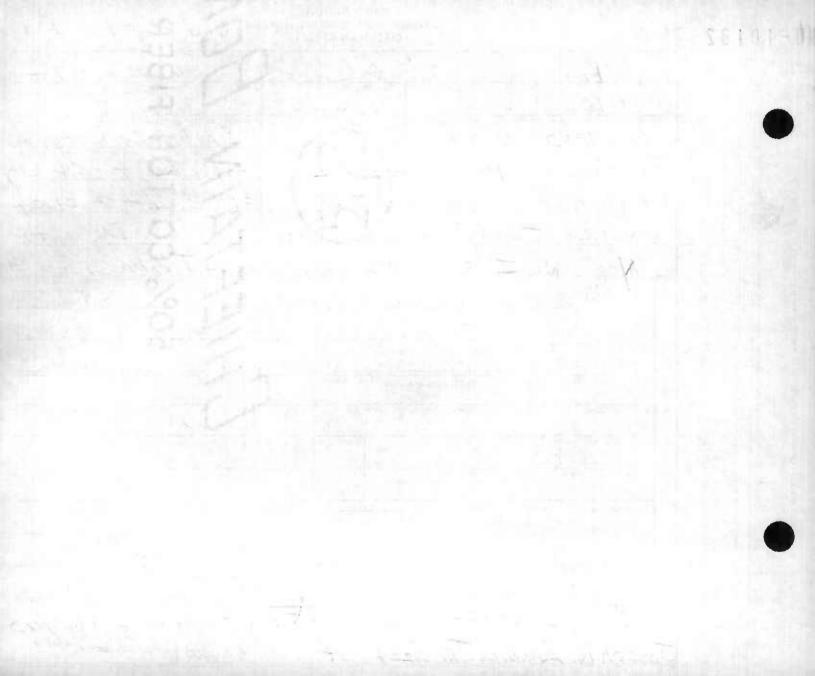
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00-08872	1 -	STATE REGISTRAR					ICATE OF DEATH	REG. N	" AP	1.10	11
		OR PRINTI	IRST A		IOOLE .	-	AST	20. DATE OF DEATH	MONTH OA		HOUR
oy be oge 3 death		S	auley		David	_	ariet	JUNE	3	0 1	SPM
offer p	3, SEX	4.4	4.10	ACE TO	Cau.	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST B			OURS MIN.
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	_	TY OR TOWN OF DEATH		NAME OF H	OSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPA	TION	126. KIND OF B	USINESS OR
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4 hours ed in by debestie	USU/ 130. S	TATE 131	COUNTY	R INSTITUTION, C	13c. CITY OR TOV	E AOMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			1011
RYLAND etely filled 12 should be 12 should	Md	THER'S NAME			Baltime	ore	YEXX NO	3420 Se	neca St	reet 2	1211
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A 50 00 100 100 100 100 100 100 100 100 1		Stanley VAS DECEASED EVER IN	U.S. ARMED	FORCES?	166. SOCIAL SEC	JRITY NO.	17. INFORMANT	ADDI			WE THE
M		Yes	WWII	OR OATES)	215 22	4152	Edith F. Thr	ift	sam		
BALT Code to Special of, the		18 CAUSE OF DEATH	Enter only on	e couse per l	line for (a), (b), ar	id ic				BETWEEN ON	TE INTERVAL SET AND DEATH
F 4 9 9 1			MEDIATE CA		CARDI	opul	mydary Af	efs!			
TON Control		Condition of		DUE TO, OR	AS A CONSEOU	-	HEADT D	(654.65			
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		Conditions, if ony, w gove rise to immed couse (o), stoting	iote	(b)	Celon	-	(1941)	1341734		3 -1	
W to the state of	13	underlying couse		(c)	AS A CONSEOU	ENCEOF		RIVER STE			
S, 20	,	PART 2 OTHER SIGNIF	CANT CON	DITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVE	N IN PART 110	
RECORDS	ATIO	190 DATE OF OPERATIO	N	19h CONDII	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES.	WERE FINDING	SUSED
* 1 111	F S	- OVERANO		170. CO. 1011		_	. Transfer Chile	TES T NOT		ING CAUSES OF	
A 21 4144	8	210. ACCIDENT WAS UNDERL		216. TIME OF	INJURY A. MONTH D	AV VEAR	21c. HOW INJURY OCCURE	_ =	URY IN ITEM 18 PA	R1 1 OR PART 2)	
5 00 101 11	CAL	OR CONTRIBUTING CAU	EXAMINER)	P.A	۸.	19		A. Comment			
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	WEDI	21d INJURY OCCURRED		218 PLACE C	OF INJURY SET, FACTORY OFFICE.	FARM ETC)	21f. LOCATION STREET	CITY OR 1	OWN	COUNTY	STATE
Design of the state of the stat		22a.1 certify that (1) (th		attended the	deceased from	6-	7- 10.86	6-	- 7- 1	0 8 C sho	ot (I) (we) lost
N P S S S S S S S S S S S S S S S S S S		saw the deceased	alive on		19_		nd that in (my) (our) apinion o	death occurred on the	date and hour		
M TO SEE SEE	13	775 SIGNATURE	10/	7	1		DEGREE	2		22c. DATE SIG	GNED
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Offenel	RE	eles	Mug	1		DIRECTOR   PHYS	AFF ICIAN []	16/7/	86
FUNES OFTAN		224 PHISICIAN SHAM					220 ADDRESS WPA	1	20 0	Lina	21211
54 54 3	22- 5	URIAL, CREMATION, RE		B DATE		MAMERIE	EMETERY OR CREMATORY	AN PARK	uc. B	MOK OT	11/J),
BP	1	SPECIFY)		(10/0	6 Ma	rulan	Weterans Cen	Garrison	Fores	county	STATE M
DHMH - 16 50M 4/82	24 F	JNERAL DIRECTOR	1	3/10/8	36.21	Fall	Rd 2121 750 DAT	E REC'D. BY REGISTRA	R 25 MG S	William No.	
(VRA 15, 4)	B	4RGG G-Her	ss Fu	neral	Homer-At	LS	2040	14 A 1900	U		•

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FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	REG. NO	ì	1	U	8	-
				-		_

		REGISTRAR						REC	S. NO				
		CEASED NAME FIRST	V. 18. 7	WIDDIE		LAST		20 DATE OF DEAT	H MONTH	DAY	YEAR	26 HOL	JR
	(,,,,,	Michae	1	Т	isda!	le		MENE TO	6/	15/	86	117	50 M
	3. SE)		4 RACE		S. DATE C			6 AGE (IN YEARS LA	ST BIRTHDAY)		ER I YEAR	IF UNDER	
		M	I	3	4	19	53	33	YRS	MONTHS	DAIS	HOURS	MIN,
-	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D   NEVE	X	9 BALTIMORE CIT			EATH		
1	-	.C.	U.S	S.A	WIDOWE		DIVORCED []	Baltimore	City				MD.
11	10 CI	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		OR OTHER IN	ISTITUTION	12a USUAL OCCU			KIND O	F BUSIN	
ŀ	Ва	altimore		Memorial		ital	Service .	GIBSON	DST OF WORKING	TIPE) INL	DUSIKT		
1	USUA	AL RESIDENCE (IF NURSING HOME OR		GIVE RESIDENCE BEFORE		4 124 INISIDE	CITY LIMITS?	13e STREET ADDRE	SS / 7ID CC	DE			
2		ARYLAND		BALTIMO		YES X	NO [				21218	2	
	14. FA	ATHER'S NAME FIRST	WIDDIE	LAST		15 MOTHE	R'S MAIDEN NAM	AE .					
2	96	THOMAS	MIDDLE	TISDALI	€	MA	RY.	MIOD	Lt	CF	LASI REFNE		
		WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM		AL	DDRESS				
		10	E WAR OR DAIES)	21560203	34	MARY	TISDALE	1527 KI	VGSWAY	ROAT	)		
1		18 CAUSE OF DEATH Enter on	ly one couse per	line for 10 , (b), one	licul						APPROXU BETWEEN C	MATE INTE	RVAL
		PART I. DEATH WAS CAUSE IMMEDIAT	D BY: E CAUSE (a)	Brainst	em	hemoi	rchage						
			DUE TO O	R AS A CONSEQUE	NCE OF								
		Conditions, if ony, which	(b)_	Hypert		on					1.74		
		gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUE									
И		underlying couse lost	(c)_				1,010,6			4	8		(11/2)
	,	PART 2 OTHER SIGNIFICANT O	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELAT	ED TO THE TERMI	NAL DISEASE OR C	ONDITION	SIVEN IN	PART Tro	)	
	CERTIFICATION												
2	HCA	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERI	FORMED	200 AUTOPSY?	IN CER	YES, WER			
	Batil	21g. ACCIDENT WAS UNDERLYING	7 100 7005 6	AC IN LUIDY		11) 110	BILLIAN OCCUPA	YES NO		YES [	100	NO [	
		OR CONTRIBUTING CAUSE OF DEA	1 216 TIME C	M. MONTH DA	Y YEAR	ZICHOW	INJURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM T	B PARTIOR	PART 2)		
Į.	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	_	M.	19	1011 1051	1001						
	MED	21d INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY OFFICE FA	ARM ETC)	21f LOCAT		CITY	NWO1 SC	CO	YINUC		STATE
d	31	AT WORK			6	1141	10 \$ 6	- 3	11.5		CI P	-	
7	13	220 I certify that (1) this hospi	- 11	- 1	00		- 17	eoth occurred on the	be date and h		8G		we) lost
		sow the deceased alive on above (11) (we) (did) (did no 22b. SIGNATURE	t) view the body	ofter deoth.		DEGREE	y Jour / opinion o	eon occured on n	ie date gila ii		2c. DATE		
	- 3	1 h h	0.41_			DEGREE	ATTENDING		STAFF	1		15/8	
		27d PHYSICIAN'S NAME CTYPE O	RPRINT)			Tage ADDR	PHYSICIAN [	DIRECTOR PH	YSICIAN		6//	1/4	0
		F. M. 61	ath vo					maite Da	***************	2121	0		
-	23a B	BURIAL, CREMATION, REMOVAL		122. N	AME OF C		E. Unive	rsity Pa		2121	5		
	- (	SORIAL, CREMATION, REMOVAL SPECIFY)						CITY OR TOW	'N	COUN			STATE
		JNERAL DIRECTOR	6-18-	00	CHURC	CH CEM		REC D. BY REGIST		ISTRAR'S			CARO.
		M.C.MARCH F/H	NC. 110	1 E. NORTE	AVEN	JI IF.	1	UN 1 6 19	86	- HIM	TOGOT	Hend	ماقله
		# 10 O SI TA TOTA T \ 11 7			- 11AT	,OL			10				

DHMH - 16 60M 7/B4 (VRA 15, 4)



0399	- STATE REGIS					MENT OF HE CERTIFIC	CATE OF DEATH		S O REG. N	10	10	0 1
I.	DECEASED		FIRST	A	AIDOLE	LAS	51	2a. D	ATE OF DEATH		AY YEAR	2b HOUR
e e e e e e e e e e e e e e e e e e e	TYPE OR PRINT		EDN	A	M.		TODD	Ju	ine 21,	1986		6:30 _M
200	SEX	139	4	RACE		5. DATE OF			E (IN YEARS LAST BI	RTHDAY}	IF UNDER 1 YEAR	
Ce Y	F	emale		Whit	te	May	28, 1894	R	92	YRS.	DATS	HOURS MIN.
2 4 79	BIRTHPLA	CE (STATE OF	R FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BA	LTIMORE CITY	OR COUNTY	OF DEATH	
1		ND		U	SA	WIDOWED			Baltimo	ore Cit	ty	MD.
P III	CITY OR T	OWN OF DE	ATH 1		HOSPITAL, NURSII		OTHER INSTITUTION	N 120. U	JSUAL OCCUPAT		126 KIND C	OF BUSINESS OR
		ltimo		5505	N. Char	rles S	treet	"H	of work for most omemal	ker.	Owr	Home
ld be	30 STATE	ENCE (IF NUI	13b COUNT		13c. CITY OR TOV	NN	13d. INSIDE CITY LIMI		TREET ADDRESS		- Ct	04040
Short Short	MD FATHER'S	N1444F	-		Balto		YES NO L		005 14.	Charle	es St.	, 21210
10000		FIRST	M	IDDIE	{AST		FIRST		MIDDLE		tA.	ST
		orge			ellermar			nerine	ADDR		gan	
dico ges		RUNKNOWN)	R IN U.S. ARM	WAR OR DATES)	166 SOCIAL SEC	-	17. INFORMANT					
P. E	No				214 34	4776	Mrs. Pa	atricia	a Warth	9	Same	MATE INTERVAL ONSET AND DEATH
l by the attending cose remave carbs of, cremotion, or ri r ather troumotic.	gove	itions, if on rise to in 101, stat lying cous	nmediote ing the	DUE TO, OI	r as a conseou r as a conseou	ENCE OF						AS &
os been signed by the attending permit. Then please remove corbs ne prior to buriol, cremotion, or ri ws ony injury, or other troumolic.	gove couse under	rise to in 101, stat lying cous	y, which nmediate ing the se lost.	DUE TO, OI  (b)  DUE TO, OF	R AS A CONSEQU	DEATH BUT N	NOT RELATED TO THE	E TERMINAL I	DISEASE OR CON	NDITION GIVE	WERE FINDI	NGS USED S OF DEATH?
ite hos been signed by the attending is permit. Then please remave carbs regiene prior to buriol, cremation, or rishows ony injury, at ather troumatic.	gove couse under	rise to in 101, stat lying coust 2 OTHER SIG	y, which nmediate ing the ie lost. GNIFICANT CO	DUE TO, OI  DUE TO, OI  ECONDITIONS CO	R AS A CONSEQUENCE OF AS A CONSEQUENCE ON TRIBUTING TO	DEATH BUT N	OT RELATED TO THE	E TERMIN AL I	DISEASE OR COM	NDITION GIVE  20b IF YES, IN CERTIFY YES	WERE FINDS	o NGS USED
	PART :	rise to in 101, stot lying coust of OPER SIC	y, which amediate ing the ise lost.  ATION  ATION  DERLYING  CAUSE OF DEAT	DUE TO, OF TO THE TO TH	R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	DEATH BUT NO POPERATION	NOT RELATED TO THE	E TERMIN AL I	DISEASE OR COM	NDITION GIVE  20b IF YES, IN CERTIFY YES	WERE FINDS	ONGS USED S OF DEATH?
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2 b m - / //	PART :  PART :  19a. DA  21a. AC  OR COR  LIFERT  21d. IN	rise to in 19 in 1	y, which amediate ing the ice lost.  SNIFICANT CO	DUE TO, OH  (b)  DUE TO, OH  (c)  19b CONDITIONS CC  19b CONDITIONS CC  19b CONDITIONS CC  19b CONDITIONS CC	R AS A CONSEQUENT AS A CONSEQU	DEATH BUT NO PERATION AY YEAR	OT RELATED TO THE	E TERMIN AL I	DISEASE OR COM	NDITION GIVE  200. IF YES, IN CERTIFY YES  URY IN HEM 18 PA	WERE FINDS	NGS USED S OF DEATH?
5 - m - / /	Gove conservation of the property of the prope	TE OF OPER.  CLOENT WAS UIT  THE NOTIFY MET  TO NOT	y, which immediate ing the see lost.  SNIFICANT CO  ATION  NDERLYING  CAUSE OF DEAT  CICAL EXAMINER)  RRED  ORK	DUE TO, OF TO THE TO TH	R AS A CONSEQUENT OF INJURY M. MONTH D. D. INJURY M. M. D. FINJURY M. M. D. FINJURY EET, FACTORY, OFFICE.	DEATH BUT NO PERATION AY YEAR	OT RELATED TO THE WAS PERFORMED  216. HOW INJURY OF	E TERMIN AL I	DISEASE OR CON  AUTOPSY?  S NO S  ENTER NATURE OF INJ  CITY OR T	NDITION GIVE  200. IF YES, IN CERTIFY  YES  URY IN ITEM 18 PA	WERE FINDI (ING CAUSES ) COUNTY	O NGS USED OF DEATH? NO  STATE
2 / /	PART :  19a. DA  21a. AC  OR COI  LIFE II  ANNOR  22a. L c	rise to in rise to in state to	y, which immediate ing the ice lost.  SNIFICANT CONTROL CAUSE OF DEAT COCAL EXAMINER IN COCAL EXAMINER	DUE TO, OF TO THE TO TH	R AS A CONSEQUENT OF INJURY M. MONTH D. M. DEFINJURY DEFINIORY OFFICE.	DEATH BUT N H OPERATION HAY YEAR 19 FARM, ETC.)	WAS PERFORMED  21c. HOW INJURY OF STREET	20 YE CCURRED (	DISEASE OR CON  AUTOPSY?  S NO S  ENTER NATURE OF INJ  CITY OR T	206 IF YES, IN CERTIFY YES OWN	WERE FINDI WERE FINDI MING CAUSES (COUNTY)	ONGS USED SOF DEATH? NO STATE
2 b m - / /	PART:  19a. DA  21a. AC  OR COI  19fe. I 21d. III.  WHILE AT WORR  22a. I c  so ob	TE OF OPER.  CIOENT WAS UNITRIBUTING AT WAS UNITRIBUTED AT	y, which immediate ing the ice lost.  SNIFICANT CONTROL CAUSE OF DEAT COCAL EXAMINER IN COCAL EXAMINER	DUE TO, OF TO THE TO TH	R AS A CONSEQUENT OF INJURY M. MONTH D. M. DEFINJURY DEFINIORY OFFICE.	DEATH BUT N H OPERATION AY YEAR 19 FARM. EIC.)	WAS PERFORMED  21c. HOW INJURY OF THE PROPERTY	20 YE CCURRED (	DISEASE OR CON  AUTOPSY?  S NO S  ENTER NATURE OF INJ  CITY OR T	206 IF YES, IN CERTIFY YES OWN	WERE FINDI VING CAUSES (COUNTY)	NGS USED S OF DEATH? NO  STATE  that we lost couses stated
2 L	PART:  19a. DA  21a. AC  OR COI  19fe. I 21d. III.  WHILE AT WORR  22a. I c  so ob	rise to in rise to in state to	y, which immediate ing the ice lost.  SNIFICANT CONTROL CAUSE OF DEAT COCAL EXAMINER IN COCAL EXAMINER	DUE TO, OF TO THE TO TH	R AS A CONSEQUENT OF INJURY M. MONTH D. M. DEFINJURY DEFINIORY OFFICE.	DEATH BUT N H OPERATION AY YEAR 19 FARM. EIC.)	WAS PERFORMED  21c. HOW INJURY OF STREET  19  1 that in (1) (our) operation of the street of the str	20 YE CCURRED (	DISEASE OR CON  AUTOPSY?  S NO S  ENTER NATURE OF INJ  CITY OR T  accurred on the co	206 IF YES, IN CERTIFY YES OWN OWN AFF	WERE FINDI WERE FINDI VING CAUSES COUNTY	ONGS USED OF DEATH? NO  STATE
L DIRECTOR. After this certification of the control	PART ( PA	rise to in rise to in 10), stot thying cous 20 OTHER SIG	y, which immediate ing the ice lost.  SNIFICANT CONTROL CAUSE OF DEAT COCAL EXAMINER IN COCAL EXAMINER	DUE TO, OF 1c)  The TIME OF 1c)  HOUR A.I.  P.I.  The PLACE (AT HOME STR.)  DI) offended the 1c)  View the body	R AS A CONSEQUENT OF INJURY M. MONTH D. M. DEFINJURY DEFINIORY OFFICE.	DEATH BUT N H OPERATION AY YEAR 19 FARM. EIC.)	WAS PERFORMED  21c. HOW INJURY OF STREET  19  1 that in (1) (our) operation of the street of the str	20 YE CCURRED (	DISEASE OR COM  AUTOPSY?  S NO  ENTER NATURE OF INJ  CITY OR TO  accurred on the company of the	206 IF YES, IN CERTIFY YES OWN OWN AFF	WERE FINDI VING CAUSES (COUNTY)	NGS USED S OF DEATH? NO  STATE  that we lost couses stated
UNERAL DIRECTOR. After this certiful deb detached for use as the burial-inthe State Dept. of Health and Mental INRANT: If them 21 is marked or them 1	German State Conservation (CR)	TE OF OPER.  CLOSENT WAS UIT.	y, which mediate ing the ise lost.  GNIFICANT CO  ATION  A	DUE TO, OF 1c)  The TIME OF 1c)  HOUR A.I.  P.I.  The PLACE (AT HOME STR.)  DI) offended the 1c)  View the body	R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	DEATH BUT N H OPERATION AY YEAR 19 FARM. EIC.)	WAS PERFORMED  21c. HOW INJURY OF STREET  21 that in (Our) operation of the physicial	20 YE CCURRED (  Monion death	DISEASE OR CON  AUTOPSY?  S	206 IF YES, IN CERTIFY YES OWN dote and hour	WERE FINDI (ING CAUSES) (COUNTY) (COUNTY) (COUNTY)	o  NGS USED S OF DEATH? NO   that we lost couses stated  SIGNED  3/86
O FUNERAL DIRECTOR. After this certiful hould be detached for use as the burial-int with the State Dept. of Health and Mental WPORTANT: If them 21 is marked or them 1	PART :  19a. DA  21a. AG  OR COM LIFE III AT WORK  22a. Pi  22d. Pi  22d. Pi  3a. BURIAL,	TE OF OPER.  CIOENT WAS UIT  TE OF OPER.  CIOENT WAS UIT  THE NOTIFY ME!  WITH DECEMBER NOTIFY ME!  CREMATION  CREMATION	y, which mediate ing the ise lost.  GNIFICANT CO  ATION  A	DUE TO, OF TO THE TO TH	R AS A CONSEQUENT RAS A	DEATH BUT N H OPERATION AY YEAR 19 FARM. ETC.)	WAS PERFORMED  216. HOW INJURY OF STREET  219. (OUT) OF GEREE  ATTENDI PHYSICI 220. ADDRESS	TERMINAL IN 120 YES COURRED (	DISEASE OR CON  AUTOPSY?  S  NO   ENTER NATURE OF INJ  CITY OR T  ACCURATE ON PHYSI  ALL STA	206 IF YES, IN CERTIFY YES OWN dote and hour	WERE FINDI (ING CAUSES ) COUNTY  9 86 ond from the	on NGS USED SOF DEATH? NO STATE  that we we lost couses stated SIGNED  3.3.86
O FUNERAL DIRECTOR. After this certiful hould be detached for use as the burial-int with the State Dept. of Health and Mental WPORTANT: If them 21 is marked or them 1	PART :  19a. DA  21a. AC  OR COI  IFE II  AT WOR  22d. PF  Dr	TE OF OPER.  CIOENT WAS UIT  TE OF OPER.  CIOENT WAS UIT  THE NOTIFY ME!  WITH DECEMBER NOTIFY ME!  CREMATION  CREMATION	y, which immediate ing the ice lost.  GNIFICANT CONTROL OF INTERPRETATION  ATION  INDERLYING   CAUSE OF DEAT OF INTERPRETATION   CAUSE OF DEAT OF INTERPRETATION   CAUSE OF IN	DUE TO, OF TO THE TO TH	R AS A CONSEQUENT RAS A	DEATH BUT N  H OPERATION  AY YEAR  19  FARM. ETC.)	NOT RELATED TO THE  WAS PERFORMED  21c. HOW INJURY OF  211 LOCATION STREET  19  1 that in (a) (our) operation of the physical operation operation of the physical operation of the physical operation operat	TERMINAL IN 120 YES COURRED (  SOCIETY 123 YES COURS AND THE TOTAL	DISEASE OR CON  AUTOPSY?  S NO S  ENTER NATURE OF INJ  CITY OR T  CON  CITY OR T  CON  CON  CON  CON  CON  CON  CON  CO	206 IF YES, IN CERTIFY YES OWN dote and hour	COUNTY  22C DAT  Balt	o  NGS USED S OF DEATH? NO   that we lost couses stated  SIGNED  3/86

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7-11	771		REGISTRAR		WEI		XAMINE	R'S C	ERTIFIC	CATEO	FDEA	AH O	REG	, NO.	,			
) ! (	1101		CEASED NAME	FIRST		WIDDLE			LAST		1	OF DATE	KNOWN ESTI-	X MC	HINC	DAY	YEAR	2b. HOUR
	公司 12 表 12			James		s.		To	mick				MATED		6	26	1986	м
	PLEAS BECTON HOUR STREE	3. SEX	4	RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR			IF UNDER 2		t. DATE		MO	HTM	DAY	YEAR	2d. HOUR
	N S S S S S S S S S S S S S S S S S S S	Ма	10	White		-1905	81 YRS		DAYS	HOURS	MIN. F	NONON			6	26	1986	11:54
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- 1	2年8年8日	1	Baltimor	~	814 N.			212	205			ost of wor		0 - + 4 -	-		INDUSTE	
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*	E-208		THER'S NAME FIRST		MIDDLE		AST		FI	R'S MAIDEN	NAME	N	AIDDLE		-		AST	
ORE.	OF SEST		Andrew				omick		Teni						P	iln	'n	
LIMI	A SECRET	Ióa V	VAS DECEASED ES, NO, OR UNKNOW	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b SOC	IAL SECURITY		17. INFORM			705	Ches	ess stnut	t H	i11	Roa	d
BALTIMORE	URS AFTER DEA B. GIVE PAGES WITH FORW TI. PAGES I AN DIVISION OF		No			215	-03 - 784	6	Emil J	J. Tom	ick		est I					
2	N 18 × 10		18 CAUSE OF	DEATH (Enter onl	y ane cause per line			15.5								API	PROXIMATE	INTERVAL AND DEATH
Z	IN 24 HOI IN ITEM 1 2 ALONG SIT PERMI HYGIENE, MOVAL		PARTIDEA		E CAUSE (a)	hron	ic obst	ruct	ive p	ulmona	ary c	disea	se					
STO			Section R		DUE TO, OR	AS A CON	SEQUENCE OF	F										
1	WITHIN NCI IN INER A RANSI ITAL HY R REMO			, if any, which	(b)													
*	TED WITH N PENCIL XAMINES AL : TRAN MENTAL N, OR RE		cause (a) s	tating the under-	<	AS A CON	SEQUENCE OF						-17				777	-77
20	HOW TON		lying cause	e last.	(c)													
50	AND		PART 2 OTHER SIGN	HIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT RELA	EO TO THE TERMIN	AL DISEASE	OR CONDITION	N GIVEN IN PART	1 (a).							
0	BE EXECUTE BOOKING IN WEDICAL EX A BURIAL ALTH AND MALTH	20	- 7 Y															
8	PENDIN PENDIN F MEDIC FE ASA HEALTH CREW	CERTIFICATION	19a. DATE OF C	DPERATION	19b. CONDIT	ION FOR V	VHICH OPERA	TION W	AS PERFOR	MED?			-			I 2D. A	UTOPSY?	
OF VITAL	ASER OF	읦															ES 🗆	NO [X]
>	W SENT	ERT	210 EXTERNAL	CAUSEWAS	21b. TIME OF			21c HC	W INJURY	OCCURRED	ENTERN	ATURE OF IN	JURY IN ITEA	M TB PART I	OR PART		13 🔾	NO W
0 2	A TAME		UNDERLYING	OR		MONTH	DAY YEAR											
DIVISION	SHO TO TO	MEDICAL	21d INJURY OC	G CAUSE OF D	21e PLACE C	F INJURY	19 LATHOME.	211. LOC	CATION			_				-		
N	S CE SPET	ME	WHILE	NOT WHILE	STREET, FACT				TREET			CITY OR TO	WN		COUR	VIY		STATE
	WAI WAI Z12		AT WORK	AT WORK														
	ND. ND.	5-81	22a. I certify	that I took charge	e of the remains desc	ribed aba	re, held an	Autaps	у Ц.	Inspection	K.	Inquiry		and in r	ny api	nion		
	MAN	-	death resulted	fram: Natur	al causes X	Accident	L, Suici	ide	Hamic	ide .	Undete	rmined mo	onner _	],				
	AN WELL			MAL	in A	di	0		TITLE (SE	PECIFY)								
	FEET NO.		ACTUAL SIGNATURE	man	re 1	e	much	M.	D Assi	stant	MEDI	CALEXAN	AINER		ATE IGNED	6	/26/	86
	Ne SI	- inter	EXAMINER'S N	AAAE SA				1111										
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CRRITICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURILLING.		(TYPE OR PRINT	Mar Mar	garita A.	Kore	ell, M.	D	ADDRESS_	111 F	Penn	St.	Bal	to.M	D			
	<b>52559</b>	23a. Bl	JRIAL, CREMATI	ON, REMOVAL 2		23c. N	AME OF CEME	TERY OF	RCREMATO	ORY	23d. LOC	CATION			COUNT	Υ	ST	ATE
	BP		Burial		6-28-86	Н	oly Red	deeme	er Cen	n.		Ba	lto.	Md.				
	DHMH - 17		JNERAL DIRECT		ADDRESS				2	250. DATE RE								417
	(VR A15 ME (5))	Jo	hn C. M	iller In	c. 6415 B	elair	Rd2:	1206		JUN	30	1986	gruns	- way	40es^	-No	Mader!	3 7 3
	20M 4/82												3.6					



4.1

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR					REG. N	0.		
	CEASED NAME ROBERT	-	MIDDLE L. •	TR	ADER	2a DATE OF DEATH	06 2	~ /	25. HOUR 2 33 PM
1. SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BI	_	FUNDER 1 YEAR	IF UNDER 24 HRS
	Male	White		July	27, DAY 1933 YEAR	52	2 YRS	JATS DATS	HOURS MIN.
15.00	REHPLACE IN ATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	_	OF DEATH	
7 M	aryland	U. S.		WIDOWE	D DIVORCED	Baltimore			MD
	altmere		H FACILITY, GIVE STREET	ADDRESS)	dical Center	120 USUAL OCCUPAT (149E OF WORK FOR MOST) Farmer			F BUSINESS OR
130.	AL RESIDENCE (IF NURSING HOM 13% COU!	VTY	GIVE RESIDENCE BEFORE 134. CITY OR TOW Delmar	ADMISSION) N		13e STREET ADDRESS R.F.D.#2 F		19940	1499
4	ATHERS NAME FIRST Braden Trader	MIDDLE	LAST		Margaret Gre	MIDDLE	Mar	LAS	τ.
160	WAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS		
· ·	Yes NO OR UNKNOWN) TIP YES GI	-1957 TES)	221-18-6	564	Charlotte L	. Trader (	same a	s abov	e)
	18 CAUSE OF DEATH (Enter of	nly one cause per	line far (a), (b), and	d (cv.)			7	BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (a)	Cardiac	and	Resportery &	Great			25 3 3 3
	IN INC.			NICE OF					
	Candidian Manager Link	DUE TO, O	R AS A CONSEQUE	NCE OF	short				
	Conditions, if any, which gave rise to immediate	(b)_			0.000		V 1		
100	cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF				m 3	
		(c)							
,	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO [	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	o ·
0									
CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDING CAUSES	GS USED OF DEATH?
17.						YES NO	YES		NO 🗆
8	210. ACCIDENT WAS UNDERLYING	LIOUD A	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF IN)	JRY IN ITEM 18 PA	RT I OR PART 2)	
AL	OR CONTRIBUTING CAUSE OF DE	2)11	M.	19					
WEDIC	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	CITY OR TO	District Control	COUNTY	STATE
×	NOT WHILE	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM, ETC )	ZIKEEI	CITY OR IV	JW14	000417	STATE
	22a.) certify that (I) (this hosp	ital) attended th	e deceased fram_	06	102 19 86		21	986	that (I) (we) last
	saw the deceased alive ar above, (h) (we) (did) (did)	06 17	10 19 8	86_, ar	nd that in (my) (aur) apinian a	death accurred on the o	late and haur	and fram the	causes stated
	22b. SIGNATURE	I O	difer death.		DEGREE			22c. DATE	SIGNED
	Hel	uchale	-	1	M.D. ATTENDING	MEDICAL STA	FF CIAN TO	06.	20.86
1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	-		1220 ADDRESS		CIPIT L		
	Mels J. L	inschot	en		F.S.K	. Hosp.	Date:		
23a.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c h	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	(SPECIFY): a T	6-2/-	1006   0+	C+a	nhone Com	Do Imor		DO 1 3TH	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

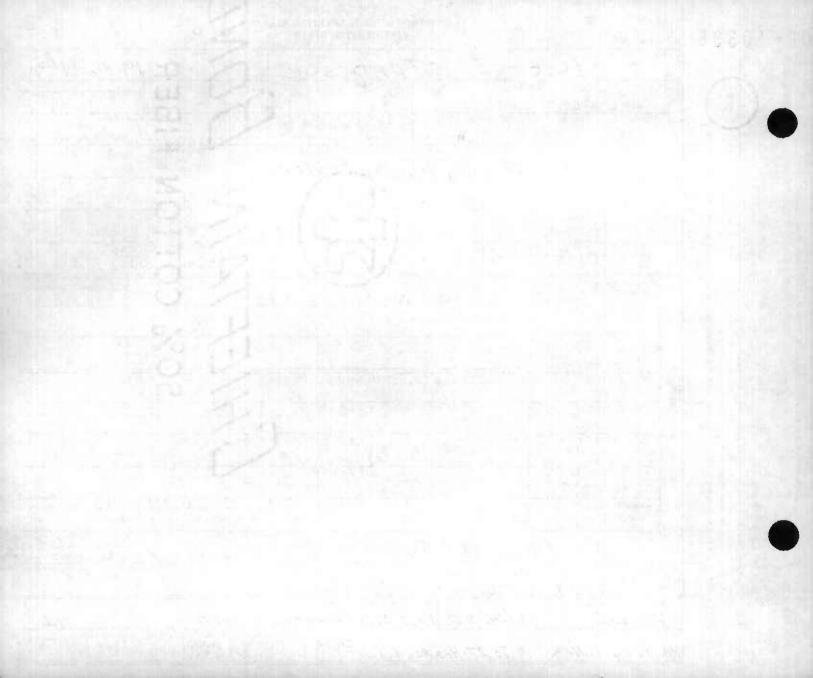
24 FUNERAL DIRECTOR

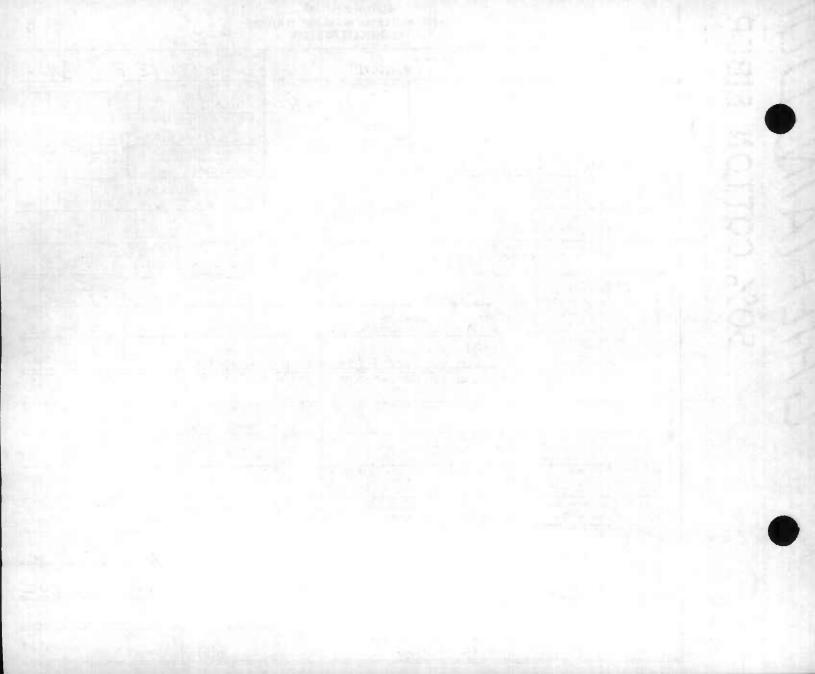
Marvel-Short Funeral Home

Delmar, De. 19940

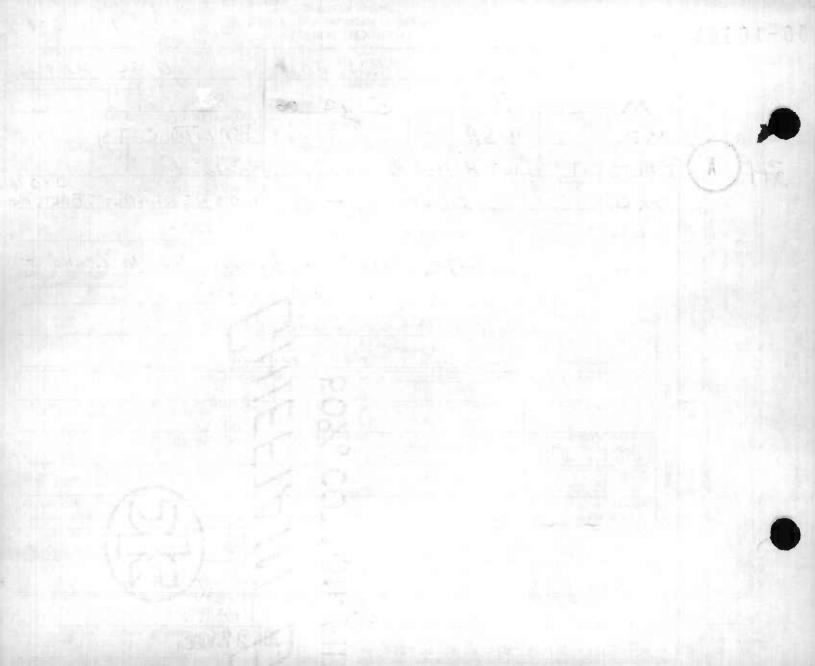
250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

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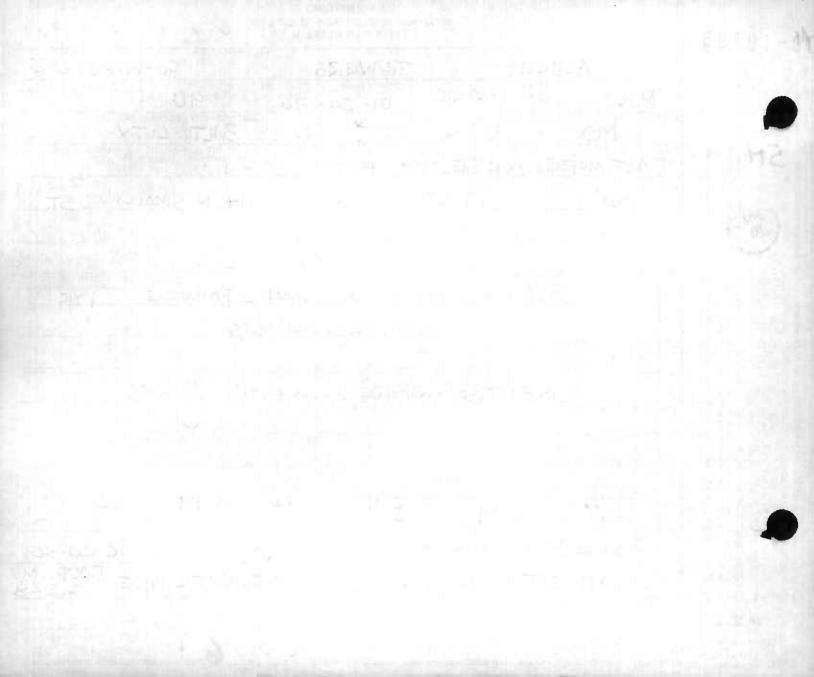




				STATI	OF MARYLAND				
00-10694	1 -	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HY	GIENE S O REG. N	i	10	8 /
	1. DE	CEASED NAME FIRST	MIDDLE	1.	AST	20 DATE OF DEATH	MONTH DA	Y YEAR 2b	HOUR
ay be nage 3 death		ORPRINT) NAPOL	LEON	TR	AMMEL		6 2	4 86 4	4:40AM
may poger de	3. SE	( 4.	RACE	5. DATE C		6. AGE (IN YEARS LAST BI			UNDER 24 HRS
ge 4	0	M	B	MONTH	12 03	83	YRS	Neins Dais H	OURS MIN.
Po Poor		RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUN	ITRY? 8	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY C	OF DEATH	
		AD.	U.SA	WIDOWE	D DIVORCED	BALI	D. C.	TY	MD.
246	10 C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NI		R OTHER INSTITUTION	TYPE OF WORK FOR MOST		126 KIND OF B	USINESS OR
5 34 A	D	AL RESIDENCE IN NURSING HOME OR O	LUTH H	OSP. BEFORE ADMISSION		Ketirea	/		0.04
D 21	13a. S	STATE 136 COUNT	Y 131 CJY OR	TOWN	138. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		21216
LAN STATE OF THE S	14 E	THER'S NAME	IDA	LTG.	YES NO 1		HIALC	XLST. B	ALTO ME
with with plete	19. 17		DDLE T LAS	1	A 1 FIRST .	MIDDLE		tAST	
E, M	16n \	VAS DECEASED EVER IN U.S. ARMI		SECURITY NO.	17 INFORMANT	ADDR	ESS		,
BALTIMORE, MARYLAND cote be executed within a systicion and completely till opers. Poges I and 2 small oval. int, the medical examine			WAR OR DATES) 247-0	9-0619	17: -	ummel 1	623 N	1. Bental	lou St
Salting pers. ol.		18 CAUSE OF DEATH (Enter only			1	7		APPROXIMAT BETWEEN ONS	ET AND DEATH
phy phy an poemor event		PART I. DE ATH WAS CAUSED IMMEDIATE		dio pu	lowery	aules			
PRESTON ST., he death certifi he ottending ph emave corban p emave corban p emave reme		Section Section 2017	DUE TO, OR AS A CONS	SEQUENCE OF	p-	0 0			
deat deat		Conditions, if any, which	( 1b) ad	voveld	diner	cancer	/		
V. PR		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS		0 1-	0			
of the state of the or of			(c) aci		nac fai	ure			
DIVISION OF VITAL RECORDS, 201 W.  NG PHYSICIAN: The law requires that to attending physician.  Viter this certificate has been signed by the strength of the property of the buriol-transit permit. Then please in the and Mental Hygiene prior to buriol, created or them 18 shows any injury, or athe orked or them 18 shows any injury, or athe	Z	PART 2 OTHER SIGNIFICANT CO	onditions <u>contributing</u>	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVE	N IN PART 110	
sw reg	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDINGS	SUSED
TALRE la The la cicion. The la shaws greeners	F		NO SHELLING			YES NO	IN CERTIFY YES	ING CAUSES OF	DE ATH?
N OF VITA  SICIAN: The ng physicio certificate raid-transit tentol Hygie liem 18 sho	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY VEAD	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAI	RT I OR PART 2)	
JOF JOE Physical Phys	CAL	OR CONTRIBUTING CAUSE OF DEATH	P.M.	19					
HYS ndim c his c bur if ar if	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY O	SEICE EARM ETC.)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
VG P offer the street the non-	Σ	AT WORK AT WORK	THE STREET, THE TOWN O	Trice, Takini Erc j		The second second	-		
NDIP No. All Ouse of Secure		22a 1 certify that (I) (this haspita	I) ottended the deceased f	rom		, to		9, tho	ot (I) (we) lost
Spirto CTO CTO of H		sow the deceased alive on above, (I) (wat (did) (did Hot))	view the body after death.	. 19 or	id that in (my) <del>(our</del> ) apinion	death accurred on the d	ate and hour	and from the cou	ises stated
OR A birthed bept f Herr		226. SIGNATURE	0 1.		DEGREE	MEDICAL STA	cc	224 DATE SIC	NED
7 = 7 + 0 =		Kopita )	K. Cur	y n	1-5. ATTENDING PHYSICIAN	MEDICAL STA	EIAN D	16/2	4/10
TO HOSPITA entoined by a TO FUNERAl should be de with the Stot		224 PHYSICIAN'S NAME (TYPE OR)	CR42		120 ADDRESS L4 THE	RAN HO.	SPIT.	42	
D € 5 € 3 ₹			23b DATE	23c. NAME OF C	emetery or CREMATORY Tial Cemetery	23d LOCATION		COUNTY	STATE
BP		Burial	6/28/86	Arbutus	Cemetery	Arbutus		200411	5 Md
DHMH - 16 50M 4/83		UNERAL DIRECTOR	ADD	BESS .	25a D	IN 2 7 REGISTRAF		AR'S SIGNATURI	
(VRA 15, 4)	M	arch Funeral Hom	ne West 4300	Wabash A	venue	2 1 1300	1,40 16 7 47.20	contection A f	



				STATE OF MARYLAND			
11193	1.	FOR STATE REGISTRAR	DEP	CERTIFICATE OF DEATH	GIENE S O	1/	0 6 6
010		CEASED NAME FIRST	WIDDLE	LAST		ONTH DAY YEAR	26 HOUR
poge 3	(TYP)	ALBU ALBU	ミにて	TRAVERS		16-19-86	6 35 4
ofter d	3. SE	MALE	1. RACE BLACK	S. DATE OF BIRTH  MONTH  DAY  YEAR  O1- 74- 96	6. AGE (IN YEARS LAST BIRTHD	YRS IF UNDER 1 YEAR	
72 hour		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN		BALTIMORE CITY OR C		MD.
online o	10 C	TY OR TOWN OF DEATH  BALTIMOIZE	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	ORKING LIFE) 126 KIND (	OF BUSINESS OR
uld be fr	ŪSU 13a	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE NTY 13r CITY OF	BEFORE ADMISSION)  13d. INSIDE CITY LIMITS?  YES NO	13e STREET ADDRESS / Z	MALL WOO	21223
	14. F	THER'S NAME		15. MOTHER'S MAIDEN N	AME		231,
PD.		Charles	C. TIZA	VERS JANIE	MIDDLE	Wh	a lond
medico)			MED FORCES? 166 SOCIAL (E WAR OR DATES) 216-	SECURITY NO. 17 INFORMANT (1991-5588 (MEDICAL	Pearl Travers	5 114 N.S	mallwood
popers. ovol.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (0), (DBY:	by and ice		APPRO. BETWEEN	XIMATE INTERVAL N ONSET AND DEATH
r rem	Н		TE CAUSE (a)	CE CHICONIC Legi	ATT LYSICOLO		YR.
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e Dept.		226 SIGNATURE OCCUPETE	mendin	MID DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAL		E SIGNED 20-86
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sho will make with the wild will be wi	23g.	SURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 6/23/86	231 NAME OF CEMETERY OR CREMATORY Garrison Forest Vet		Millsounty	*MD
6 60M 7/84		JNERAL DIRECTOR		25a, DA	ATE REC'D. BY REGISTRAR 256		TURE
A 15, 4)	M	arch Funeral Ho	ome West 4300°	Wabash Avenue 6	25-86		



10038	1.	FOR STATE	DEPA	RTMENT OF HEALTH AND MENTAL HY	CIENT /3	1 1 1 1 1
		REGISTRAR Lillic	an Trawinski	CERTIFICATE OF DEATH	REG. NO.	100
eoth se		CEASED NAME FIRST	MIDDLE -	TRA WINSKI	20 DATE OF DEATH MONTH DA	YEAR 26 HOUR 9:15 A
moy r. po	3 SE	x	4_ RACE	5 DATE OF BIRTH	6 AGE (IN YEARS UST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HE
4 00		Female	White	March 22,1912		
4 40 86		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	
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X 140	Б	altimore	Luthern Ho	spital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	Restern E
1 19 85		AL RESIDENCE (IF NURSING HOME OF STATE 136 COU		OWN 13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 18 N. Linwood	d Ave212
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2 19-506		Phillip	Карре		MIDDLE	?
Poge Poge	160 V	VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	2-1237M- Edward		· 21224
low requires that the deat so been signed by the otter termit. Then please remove c e prior to buriol, cremation, so any injury, or other troum	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE	DUENCE OF CARDIAL  DUENCE OF  TO DEATH BUT NOT RELATED TO THE TER.  TICH OPERATION WAS PERFORMED	MINAL DISEASE OR CONDITION GIVE  200 AUTOPSY? 206 IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
physicion physicion raficote h ol-tronsit ptol Hygien		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAI	
IG PHYSIK ottending ter this ce is the burian and Men	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TO HOSPITAL OR ATTENDIN estorined by the hospital or. TO FUNERAL DIRECTOR, Att should be detached for use o with the Stote Dept. of Health MAPORTANT: If hem 21 is mon		220. I certify that (I) (this hosp sow the deceased alive an obave, (I) (we) (did) (did not some source).  22b SIGNATURE  22d. PHYSICIAN'S NAME (TYPE)	OR PRINT]	DEGREE ATTENDING PHYSICIAN 27e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
Short		BURIAL, CREMATION, REMOVAL	23b. DATE 2 6/20/86	NAME OF CEMETERY OF CREMATORY Moreland Memoria	23d LOCATION POWK-Baltimo	row Marulih

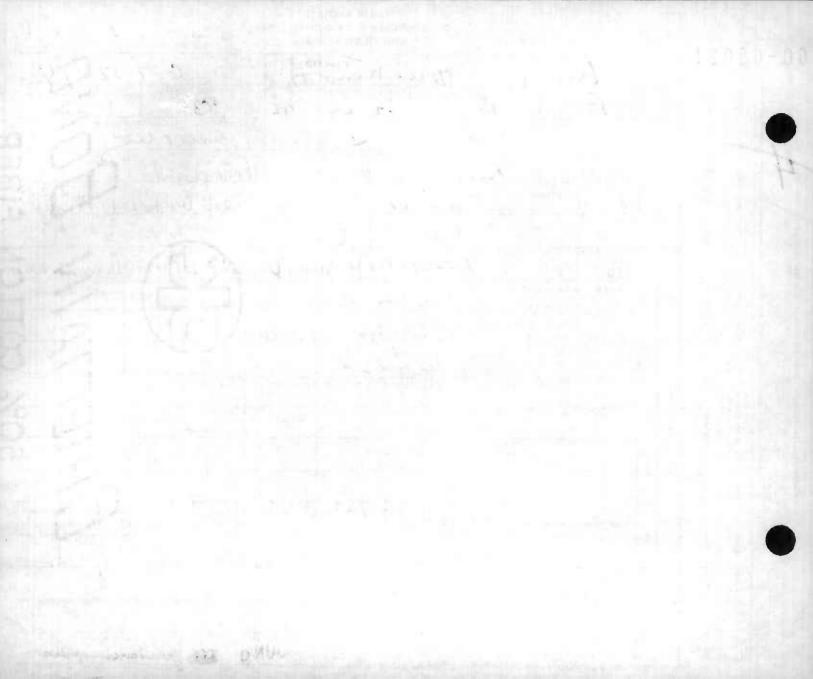
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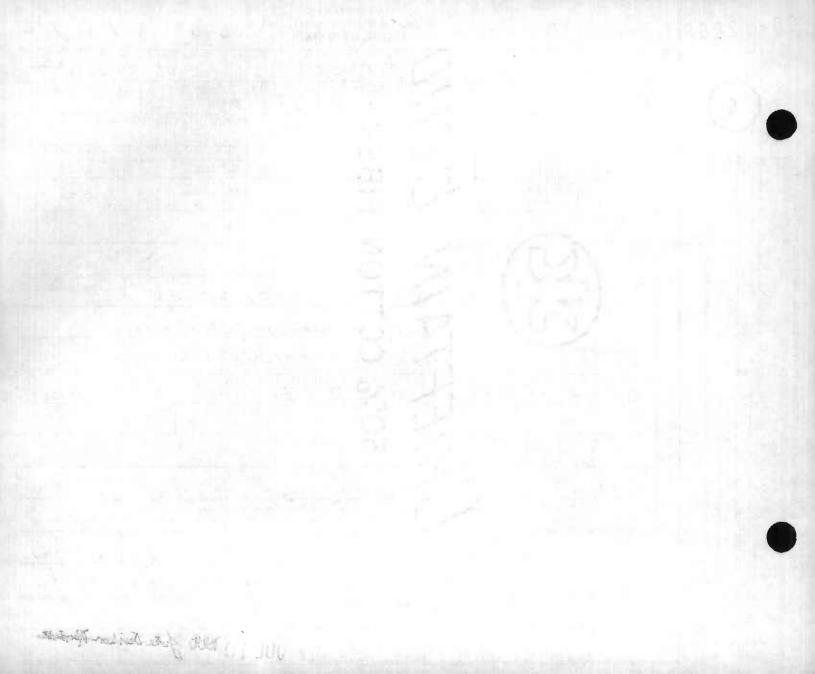
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STATE OF MARYLAND

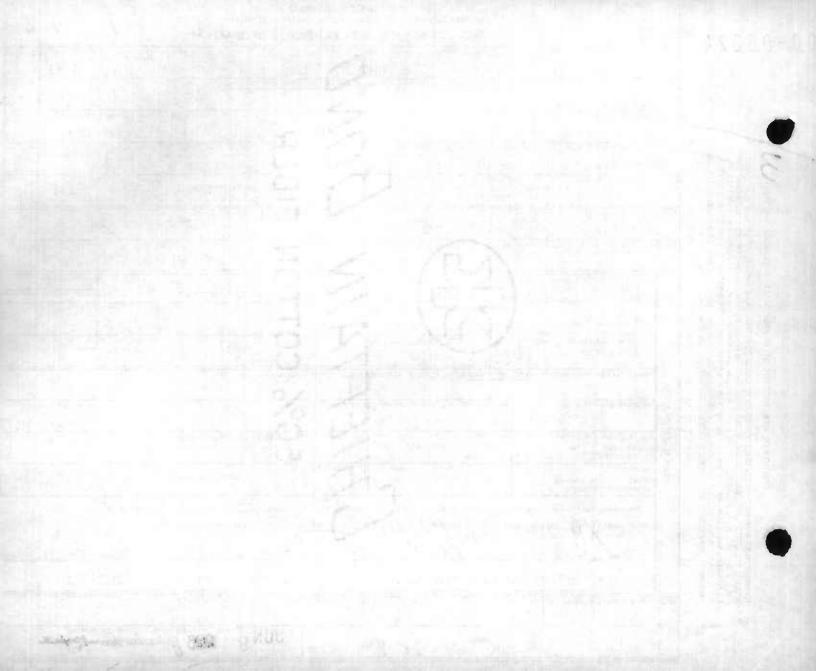
ni unt nevi-No. 1 - 1 - Vo Turar I For a security indicate

0.0	00001	1.	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  REG. NO.	7091
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	nictor. p	3. SE	-	A MONTH DAY YEAR 92 93 YRS	INDER LYEAR IF UNDER 24 HRS
9			RTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 19 BALTIMORE CITY OR COUNTY OF WIDOWED DIVORCED 1	MD.
#	46	P	attmore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION)	12b. KND OF BUSINESS OR INDUSTRY
LAND 2	133	13o.	THER'S NAME		d PKway
E. MARY	t pean	1	FIRST  VAS DECEASED EVER IN U.S. A	MIDDLE FOSTEV Ella MIDDLE	LAST
BALTIMOR	he medic		VES, NO OR LINKNOWN) (IF YES, G	215-24-5524 Mc Carthy Downs Rt 1 Box 111	Crew, Un 2393  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	iquires, that the death certificate signed by the attending physic Then please remove carban pape to burial, cremation, ar removal, injury, or other traumatic event, the	NO	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 1:0
AL RECOI	he law re	CERTIFICATION	190 DATE OF OPERATION	YES NO YES YES	VERE FINDINGS USED IG CAUSES OF DEATH?
	TO HOSPITAL OR ATTENDING PHYSICIAN: Iterained by the hospital or attending physician CO FUNERAL DIRECTOR. After this certificate should be detected for use as the businal-transit with the State Dept. of Health and Mental Hygi IMPORTANT: if them 21 is marked or the 18 sh	MEDICAL	saw the deceased alive a above, (I) (we) (did) (did)  22b SIGNATURE  22d PHYSICIAN'S NAME (1)	21e. PLACE OF INJURY 1 AT HOME STREET, FACTORY, OFFICE FARM, ETC.)  211 LOCATION STREET CITY OR TOWN  210. PLACE OF INJURY 1 AT HOME STREET, FACTORY, OFFICE FARM, ETC.)  211 LOCATION STREET CITY OR TOWN  212. LOCATION STREET CITY OR TOWN  213. LOCATION STREET CITY OR TOWN  214. LOCATION STREET CITY OR TOWN  215. LOCATION STREET CITY OR TOWN  216. LOCATION STREET CITY OR TOWN  217. LOCATION STREET CITY OR TOWN  218. LOCATION STREET CITY OR TOWN  219. LOCATION STREET CITY OR TOWN STREET CITY O	COUNTY STATE
	BP		BURIAL, CREMATION, REMOVA SPECBURIAL UNERAL DIRECTOR	6/19/86 Chester Grove Cemetery Amelia	CO Va
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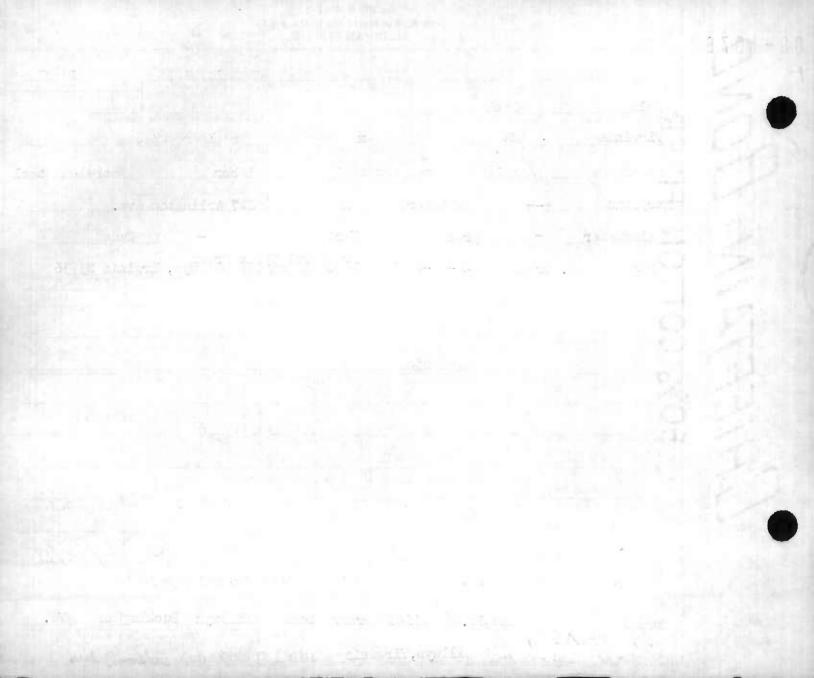




STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO . DECEASED NAME OF ESTI-MONTH 26 HOUR (TYPE OR PRINT) DEATH MATED MARIAN TURNER 6 69 86 4. RACE 3. SEX AGE (IN YEARS IF UNDER TYR. 2d HOUR S. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 1929 black 6 20 56 YRS DEAD female 6 1986 6:30A 76 CITIZEN OF WHAT COUNTRY? A BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Va USA Baltimore CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY ( IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)
Retired Baltimore 2002 Ridgehill Avenue AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, G 13b. COUNTY Baltimore 13d. INSIDE CITY LIMITS? 2002 Ridgehill Avenue Md II. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Scroggins Edward Mary Lipmon 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 1 (IF YES, GIVE WAR OR DATES) (YES, NO, OR UNKNOWN) 220-22-3829 Percy Turner 2002 Ridgehill No Avenue APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOX 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN COUNTY STATE InspectionXXX TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S 220 I certify that I took charge of the remains despribed above, held on Autopsy and in my opinion death resulted for Hamicide Undetermined manner Natural causes TITLETSPECIFY DATE June 6,86 Assistant Dennis F. Smyth, M.D. 111PennStreet, Balto., MD 21201 EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE 13c NAME OF CEMETERY OR CREMATORY 6/12/86 Md Nat Memorial Park Buria Md Laure 07/84 24 FUNERAL DIRECTOR **DHMH - 17** March Funeral Home West 300 Wabash Avenue (VR A15 ME (5))



0100		REGISTRAR EASED NAME FIRST	WIDDLE	LAST	E OF DEATH	REG. No.		YEAR 25 HOUR
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12/C	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUF		IER INSTITUTION	120 USUAL OCCUPATI		KIND OF BUSINESS OR
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prio O	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WA	PERFORMED	20a AUTOPSY?	20b. IF YES, WER	E FINDINGS USED CAUSES OF DEATH?
shows	TIF					YES NOXX	YES 🗌	NO 🗆
í œ		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR 21c.	HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OF	PART 2)
ltem /	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19				
edor	MEDICAL	21d INJURY OCCURRED	(AT HOME STREET, FACTORY, OFF	ICE, FARM ETC )	STREET	CITY OR TO	wn cc	DUNTY STATE
n k		AT WORK AT WORK		7777777	0.5	7/11/17	72 0	
.S		220. I certify that A (this hasp sow the deceased alive an	ital) attended the deceased from June 12.		, 17	, to <i>JUNE</i> death accurred an the d	12, 1981	, mar (1 (110) 103
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m 21		6 /	2	DEGRI	ATTENDING	_ MEDICAL STA	FF L	DATE SIGNED
If them 21		00 10	DO DOINTS	2	PHYSICIAN [	DIRECTOR PHYSIC	IAN	113/86
)						d General H	ospital	
Q)		77d. PHYSICIAN'S NAME (TYPE OF	oano, M.D.				-	
RTANT	22. P	Ivan Pro		D. NAME OF CEMEN	04.00.005111.004	Tand LOCATION		
Q)		Dno	236 DATE 2	Chief Com		23d LOCATION Di livortown	Bucki në h	am Vastate
← 0;		Ivan Pro	236 DATE 2	Chief Cor	ner Stone	23d LOCATION DILLY OR TOWN E REC'D. BY REGISTRAR	Buckingh	



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Leonard J. Ruck Inc. Baltimore, Maryland

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

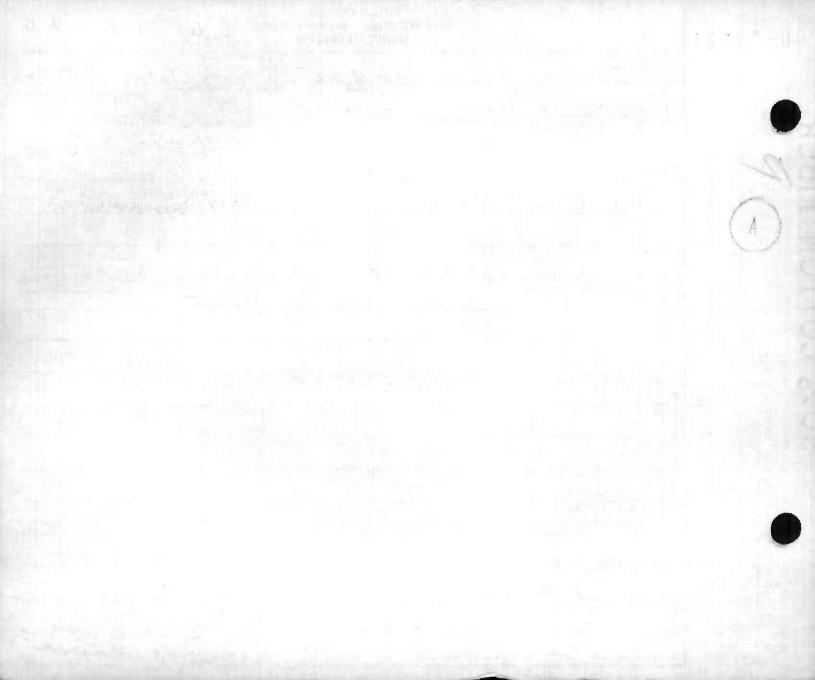
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

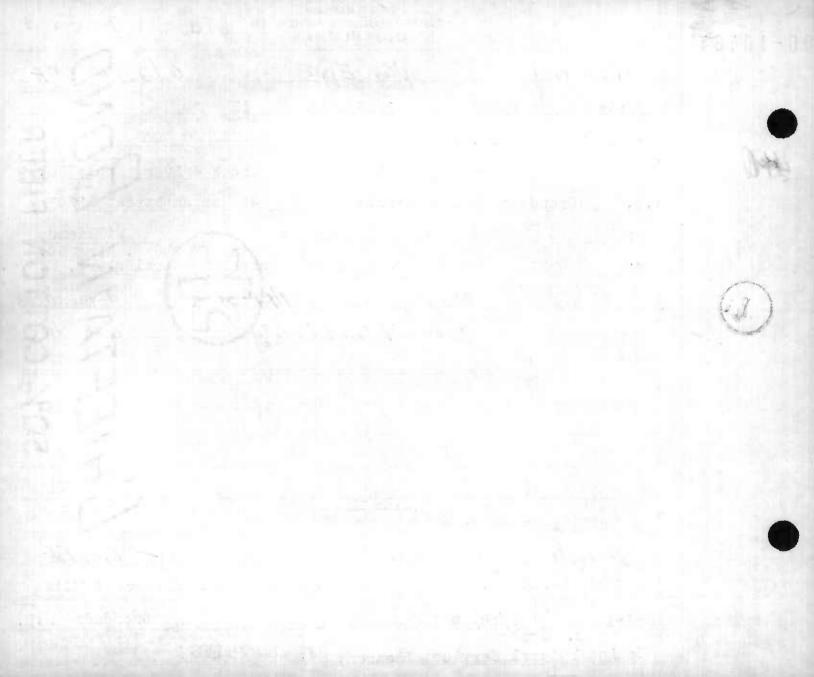
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June 17, 1985 (1895 ) Sant Sant Lines of Person Landered J. Nack Lac. Baltimore, Maryland L.

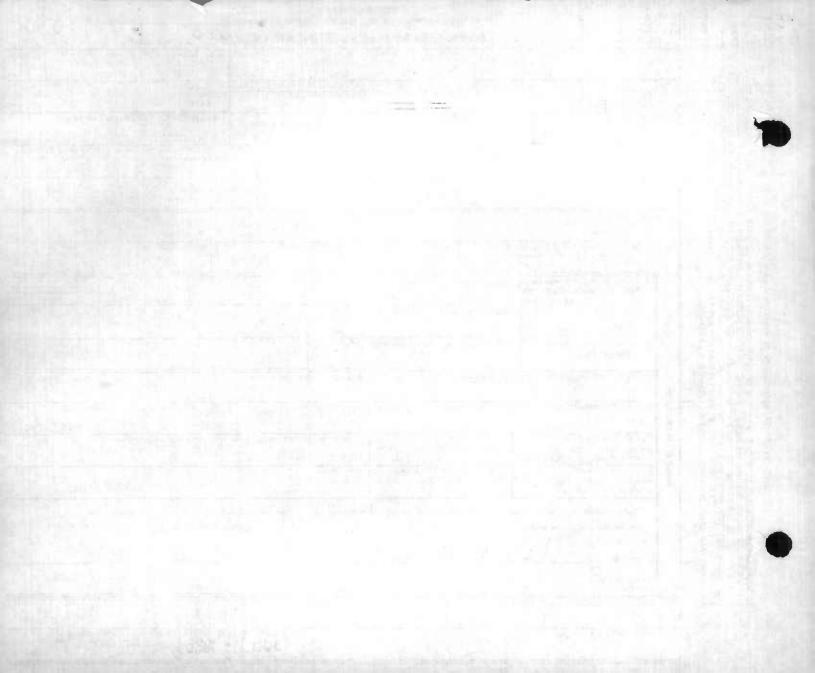
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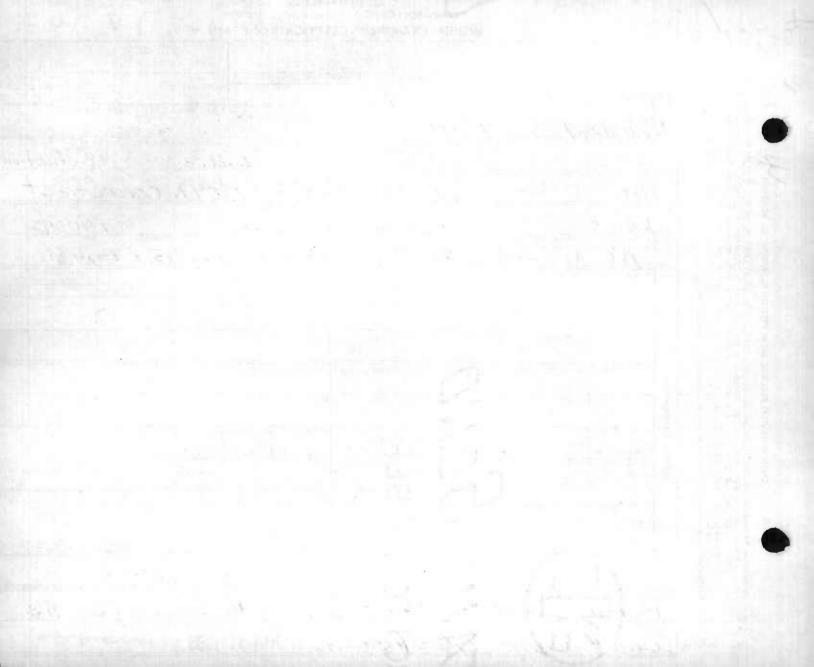




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E, MD ATH.	203 203		THER'S NAME Cornelius	WIDDLE	Veney	15. MOTHER'S MAIDEN Clarice	WIDDLE	Lewis
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CORDS, 201 W. PRESTON ST. BE EXECUTED WITHIN 24 HOU NDING" IN PENCIL IN ITEM 18	MEDICAL EXAMINER ALONG W ASA BURAL TRANSIT FEMIT. EALTH AND MENTAL HYGEENE, D CREMATION, OR REMOVAL.	NO	18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSEI IMMEDIA'  Conditions, if any, which gove rise to immediate couse (a) stating the underlying couse lost.  PART 2 OTHER SIGNIFICANI CONDITIONS	D BY: TE CAUSE (o) G  DUE TO, OR A  (b)  DUE TO, OR A	AS A CONSEQUENCE OF		I (a),	BETWEEN ONSET AND DEATH
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MEDICAL EXAMINER: THE CENTETHE CERTIFICATE, IT	PAGE 4 SHOULD BE FORW TO FUNERL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 21		22a I certily that I took chorg	LOyrie	A. Korell, M.D	Assistant	Undetermined monner .	DATE 6-2-86
07/84 BP_	BA TA	23o. B	Burial Burial		23E NAME OF CEMETERY Eastview Ceme	OR CREMATORY	23d LOCATION CHYORTOWN Baltimore	COUNTY STATE MD
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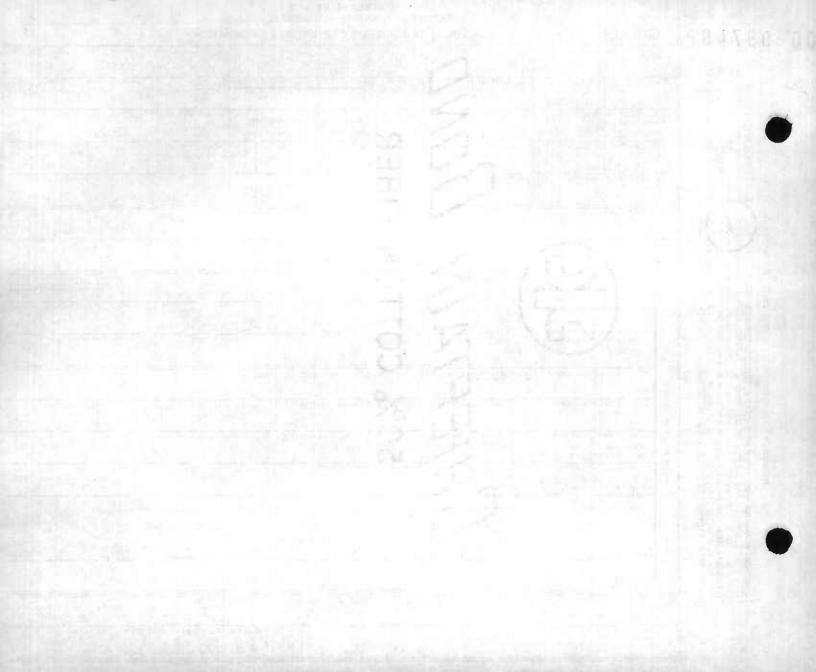


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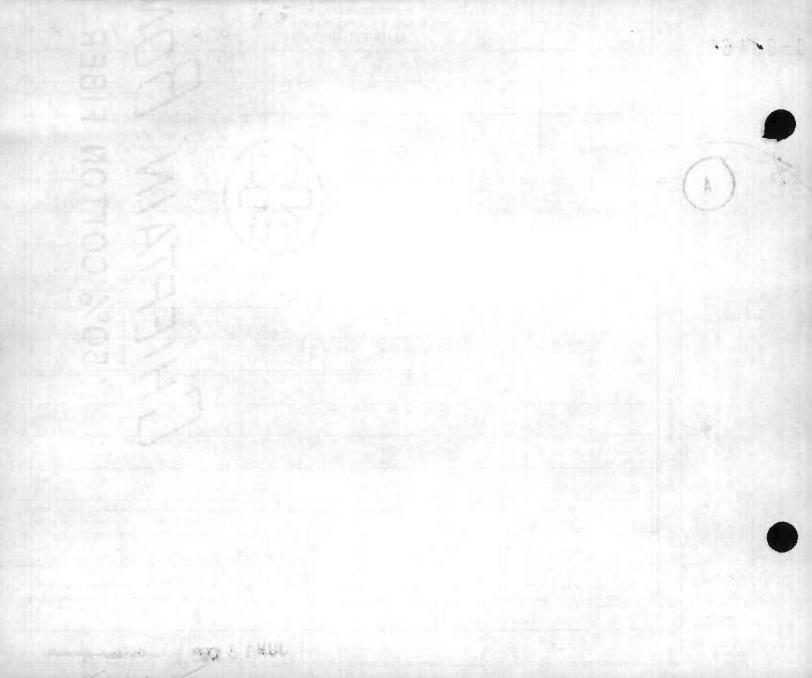
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	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120		230.BL	JRIAL, CREMAT	ON, REMOVAL 23	b DATE		23c N	AME OF CEM	ETERY OF	CREMATO	RY	23d. LO	CATION			UNITY		
07/8			13		oval	6-11-8	16						CHYC	JR TOWN		60	VINIA	\$1	ATE
25M	DHMH - 17		24 FL	NERAL DIRECT	OR		ADDRESS						REC'D. BY	REGISTRA	R 25b RE	GISTRAR'S	SIGNA	TURE	
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	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL H	YGIENE 8 6	7 1 0 3
-03469	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
. 0 0 1 0 0	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST		DAY YEAR 2b. HOUR
be oge 3	Joseph	C.	Vogt	6-9-86	М
e 4 mc ctor. p s after	3. SEX Male	White	5. DATE OF BIRTH 9-19-1911  YEAR		IF UNDER 1 YEAR IF UNDER 24 HRS
1 to 1	78 BIRTHPLACE I STATE OR FOREIGN 7	6 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
1520	Maryland	U.S.A.	WIDOWED DIVORCED	D 1	ty MD.
AN	10 CITY OR TOWN OF DEATH  Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Francis Scott K	GHOME OR OTHER INSTITUTION  ADDRESS)  EY Medical Center	(TYPE OF WORK FOR MOST OF WORKING LIFE TOOL & Die Maker	12b KIND OF BUSINESS OR INDUSTRY REtired
0 (1)	USUAL RESIDENCE (IF NURSING HOME OR C 136 STATE Md.	THER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) N 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	
	14 FATHER'S NAME	Daicino	YES A NO	4917 La Salle A	Venue -21206
1 120		ogt LAST	FIRST	roline Fisinger	LAST
nd xec	160 WAS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	Transaction (La
be exe	no	214-01-5	Emily S. Vo	gt - 4917 LaSalle	Ave21206
ohysicie paper navol.	PART I. DEATH WAS CAUSED		spiratory arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ding porten	IMMEDIATE	CAUSE (0)			
death attended of tool	Conditions, if any, which	DUE TO, OR AS A CONSEQUE	e myscardial	infarction	Pirk month
the corrections and the corrections are the corrections and the corrections are the co	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE			
thot thot d by eose ol, cr	underlying couse lost.	(c)			1200
quires signed hen pl ta buri ta buri	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TE	rminal disease or condition give	N IN PART 110
NG PHYSICIAN: The low requires that the death certificate be executed by physicion.  Which this certificate has been signed by the attending physicion and os the buriol-transin permit. Then please remove corbon papers, Pager th and Mental Hygiene prior to buriol, cremation, or remaval.  Orked or them 18 shows only injury, or other troumatic event, the medic price of the property of the property or other troumatic event, the medic or the property or other troumatic event.	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	WERE FINDINGS USED (ING CAUSES OF DEATH?
SICIAN: T ng physici certificate miol-transi ental Hygi frem 18 sh		216 TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18 PA	
JG PHYS attendin ter this casthe burn hond Merked or h	OK CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH	216 PLACE OF INJURY LATHOME STREET, FACTORY OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
END! fol or OR: A Heol	22a I certify that (I) (this hospital sow the deceased alive on above, (I) (we) (did) (did not)		12-17 19 8 3	on death occurred on the date and hour	9_84_, that (I) (we) lost
RECTO	obove, (I) (we) (did) (did not). 22b SIGNATURE	view the body after death.	DEGREE	The second of the dole one hour	22c. DATE SIGNED
	Carra war	& Rosentral	AMO ATTENIDING	MEDICAL STAFF DIRECTOR PHYSICIAN	III. DATE SIGNED
HOS Dined Suld to	Carlawolf R	osenthal, m.s	22e ADDRESS	1 U Ctr, 3400 Brah	ns Ln Batto MD z
Specific Spe	23a BURIAL, CREMATION, REMOVAL	23b DATE 23c N	AME OF CEMETERY OR CREMATOR	y 23d. LOCATION	
BP	Burial	6-12-86 Ga:	rdens of Faith Ce	m. Balto. Md.	COUNTY STATE
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR	Inc6415 BElai:		ATE REC'D. BY REGISTRAR 25b. REGISTR	AR'S SIGNATURE

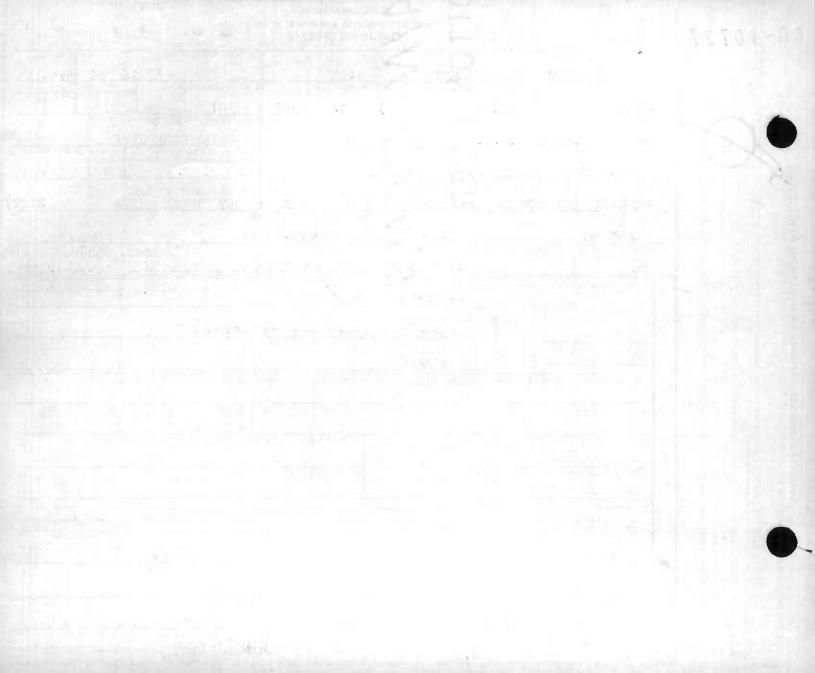
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 24 DATE KNOWN 26 HOUR (TYPE OR PRINT) ESTI-S NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS W. PRESTON STREET, DEATH MATED Barbara Voiik 16/19 86 IF UNDER 1 YR. 3 SEX 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED DEAD Oct. 7 1903 82 Female White 16/19 86 76 CITIZEN OF WHAT COUNTRY? Ta BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COLLITRY USA Baltimore City DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)
Homemaker OR INDUSTRY Baltimore Sinai Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 36-COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 829 N. Collington Ave. 21205 Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST MIDDLE FIRS1 unknown Hacker Frank 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 3 Lovelock Ct. 215-09-7715 Ella Petr (sister-in-law) 21236 no CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19ª DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO K EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED TIE PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK AT MOT WHILE STREET, FACTORY, FARM, ETC.] STREET CITY OR TOWN COUNTY STATE 228 I certify that I took charge of the remains described above, held an Autopsy Natural causes X death resulted from: Accident Undetermined monner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 6/17/86 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St. (TYPE OR PRINT) ADDRESS. 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Md. Baltimore 6/19/86 Holy Redeemer BURIAL 07/84 BP 25M 14 FUNERAL DIRECTOR NAME Schimunek Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 25 REGISTRAR'S SIGNATUR DHMH - 17 (VR A15 ME (5)) 3331 Brehms Lane, Balto. Md. 21213

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	MEDICAL ECUTE THE CGE 4 SHOU FUNERAL TER DEATH, ULTIMORE, N	EX	AMINER'S N	IAME Ma	argarit	a A. 1	Korell	M D		111 D	enn (	St. E	Balto.M	ID			
	- ALTEROAGE												arw.r	υ.			
		(SPECI	FY}	ON, REMOVAL 2			23c NAME OF				CITY	CATION OR LOWN		COUP	aty .	51/	
07/84 25M	BP	24 5	Buria		6/30/		BelAir	Memor				altim				Md.	
2000	DHMH - 17	Z4 FUNE	ME SCHI	NUNEK FUI	NERAL J	HOME I	NC.		2	ZSO. DATE R	EC'D. BY	REGISTRAR	256 REGIST	RAR'S S	IGNAT	JRE	U.T.U.S
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		500			OFMARYLAND	CAPAIR		3 0 6
-10727	1 -	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 6	1/	100
		CEASED NAME FIRST	MIDDLE	l	AST		MONTH DAY YE.	AR 2b. HOUR
poge 3	{ TYPE	SHANNON	BENJAMIN		WADE .		6 26 8	6 5:55 AM
moy . pool	3. SE		I. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I	
rs of	,	MALE	WHITE	MONTH 5	14 1905	81	YRS	ATS HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN )	b. CITIZEN OF WHAT COUN	TRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEAT	н
ACC S		BALTIMORE, MD.	U.S.A.	WIDOWE			RE CITY	MD.
140	10. CI	TY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NI HE NOT IN SUCH FACILITY, GIVE SATUTE AGNES T		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF TOOL Maker	WORKING LIFE) INDUS	ND OF BUSINESS OR STRY
11/1	USU/	AL RESIDENCE (IF NURSING HOW OR OTATE	THER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /		
120		ARYLAND BALTI			YES NO X	987 CIRCI		2122
th 120	14 FA	THER'S NAME	AIDDLE LAS	1	15 MOTHER'S MAIDEN N	AME		LAST
11/20	1	UNKNOWN	Wad		UNKNOWN		Ţ	INKNOWN
2000		VAS DECEASED EVER IN U.S. ARA	WAR OR DATES)	SECURITY NO.	17. INFORMANT	ADDRES	SS Mass. 01	570
2		No	705-10	0-3094	Shannon R.	Wade, 20 Lake		PROXIMATE INTERVAL VEEN ONSET AND DEATH
n signed by the attend Then please remove co to burial, cremation, o injury, or other trauma	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS	SEQUENCE OF	NOT RELATED TO THE TER			RT 1ca·
hos bee t permit. ene prior ows ony	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE FI IN CERTIFYING CAU YES	
s certificate burial-transit Mental Hygin or Item 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		H DAY YEAR	21¢ HOW INJURY OCCU	RRED (ENTERNATURE OF INJUR	Y IN ITEM 18 PART 1 OR PAR	1 2)
Affer this of a strange of the bur of the ond Memorked or the	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	DEFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	wn count	Y STATE
		22a.l certify that (1) (this hospit		from	, 19	, ta		, that (1) (we) last
for us of He of He		saw the deceased alive on abave, (1) (we) (did) (did nat	view the body after death.	_19, ai	nd that in (my) (aur) opinia	n death accurred on the da	te and haur and fram	the couses stated
etached etached re Dept Tr. If Hem		276. SIGNATURE AMACUE	ilii		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FA	DATE SIGNED
FUNERAL old the derivate ORTANT:		22d. PHYSICIAN'S NAME (TYPE OF			22e ADDRESS			
to FUNE		Dr. A. Maciuli	us		St. Agnes H			
F 7 4 4 4		SURIAL, CREMATION, REMOVAL	23h DATE	12.00	EMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
P		Burial	6/28/86	Meadowr	idge Mem. Pa	rk Elkridge	Howard	Maryland
MH - 16 60M 7/84		INERAL DIRECTOR	ADD	PRESS		JUN 27 1986		
(VRA 15, 4)	Hu	bbard Funeral H	ome, Inc., 41	07 Wilke	ns Ave.	0014.971 1300	a way and with	



DIVISION OF VITAL BECORDS 201 W PRESTON ST RAITIMORE MARYLAND 3001		
	C	
16		Money
O HOSPITAL ON ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours about a may be	e 4 moy be	-
etained by the haspital or attending physician.		1
TO FUNERAL DIRECTOR. After this certificate has been staned by the attending physician and completely filled.	ctor, poge 3	C
should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be thing the strains often death.	s ofter death	-
with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.		(

STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Nutter Sons Funeral Home, INc. ADDRESS 2501 Guynns Falls Pkwy. Baltimore, Md.

6

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

JUN 1

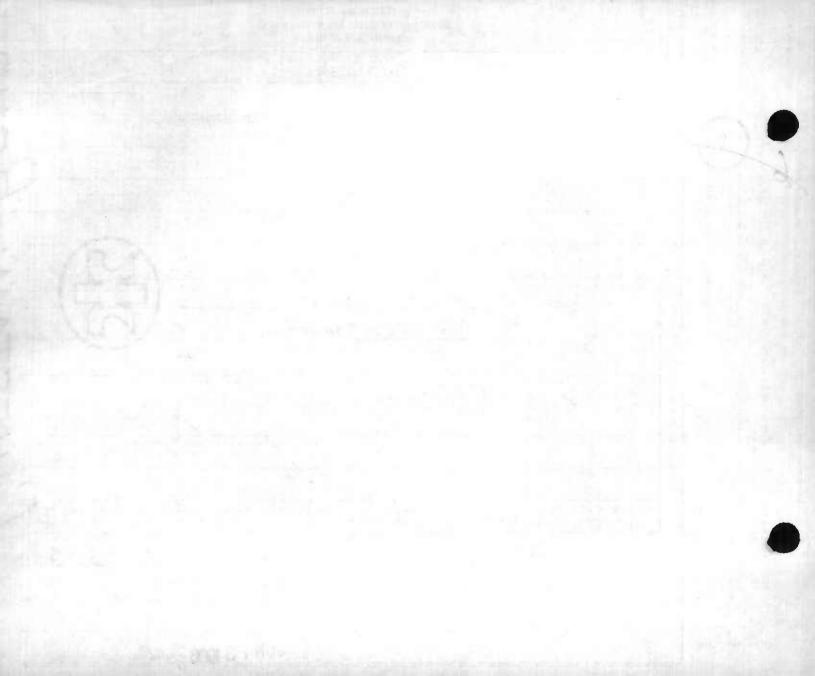
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١	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
ı	I. DECEASED NAME FIRST	A	MIDDLE	L	AST	20. DATE OF DEATH	MONTH DA		26. HOUR
ı	FLOR	ence		W	ALKER.		6-8	-86	8:45 M
ı	3. SEX	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS
	female	black		8-	28- 1906 EAR	79	YRS	WINS GATS	MOURS MIN.
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D X NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY C	F DEATH	
	Virginia	U.S.A.		WIDOWE		Baltimor	e City		MD.
1	10 CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND OF	F BUSINESS OR
d	Baltimore		eran Hosp			Beauticia		Emplo	
7	USUAL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		13d INSIDECITY LIMITS?	13e.STREET ADDRESS	7 IP CODE	3207 Ca	rlisle
	Maryland		Baltimor		YES NO	Avenue Balt			
Į	14 FATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		LAST	
4	George		Finney		Mary	Wilese Control of the		Wis	
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	3207 (	arlisle	Avenue	
	no.		220-09-5	476	George B. Wal	ker Baltin	ore, Mar	ryland	21216
1	18 CAUSE OF DEATH (Enter or	ly one couse per	line for (a), (b), and	licii				APPROXII BETWEEN C	MATE INTERVAL
1	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (o)	Caroli	ac/	ARREST				
1		DUE TO, OF	R AS JONSEOUR	NCE OF	- 1 0	01 4	4	283	
1	Conditions, if any, which gave rise to immediate	(b)	1901	NU	n Embolu	7 140 1	VI -	24	
1	couse (a), stating the underlying couse last	DUE TO, OF	R AS A CONSEQUE	NCEOF				130	
	underlying couse loss	(c)						15.414	
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	N IN PART 100	
-	PO DATE OF OPERATION  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	- List contr	- Faru	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	Table VEC	WERE FINDIN	ICC HCED
	S IAN DATE OF OPERATION	140 CONDI	HON FOR WHICH	OPERATIO	N WAS PERFORMED	/	IN CERTIFY!	ING CAUSES	OF DEATH?
	21g. ACCIDENT WAS UNDERLYING	1 216. TIME O	FINILIRY		21¢ HOW INJURY OCCURR	YES NOV	YES		NO []
)		HOUR A.	M. MONTH DA		THE HOUSE WOOM OCCOME	(EMIER MATURE OF MOD	C) IN IIPM IO PAR	I I OR PART 2)	
	CRECONTRIBUTING CAUSE OF DE-	21e PLACE (		19	211 LOCATION				
	WHILE NO! WHILE		EET, FACTORY OFFICE FA	ARM ETC 1	STREET	CITY OR TO	WN	COUNTY	STATE
	22a   certify that (I) (this hosp.	tol) attended the	a deceased from	61	\$ 10 86	61	8	86	that (1) (we) lost
	sow the deceased alive an	618	19	86.01	nd that in (my) (our) opinion a	death occurred on the d	ate and hour c		
	obove, (I) (we) (did) (did no 22b. SIGNATURE	t) view the body	ofter death.		DEGREE			22c DATE S	
	Sul TI	non	g.	h	10 ATTENDING PHYSICIAN	MEDICAL STA	IAN DA	6-8.	-86
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	0		22e ADDRESS			100	3 0
	MCHTI	MANY	1		LUTHERAN	J HOSPIT	AL		
	230 BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	Burial	6/13/86	Wor	ndlawn	Cemetery	CITY OR TOWN	Ralt	imore I	Mary land

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

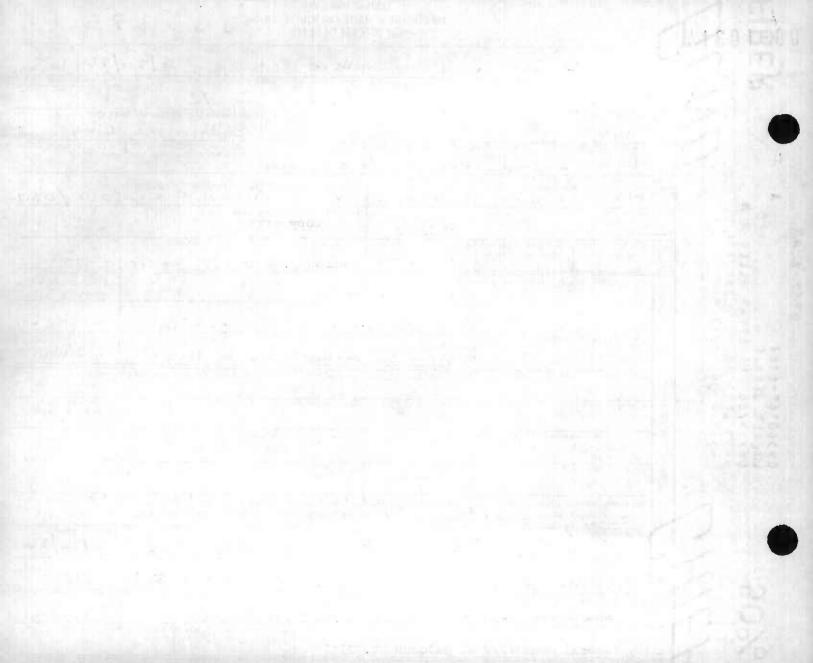
IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the medical



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0-1	1211	1.0	CEASED NAME	iah		WIODLE		LAST	20	DATE KNO	OWN 🗆	MONTH	DAY	YEAR	26 HOUR
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	RESER	3 SE		CE S	DATE OF BIRTH		AGE (IN YEARS IF L			DATE		HIMOM	DAY	YEAR	2d HOUR
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~	PA TOTA		Baltimore AL RESIDENCE (IF IN NI	URSING HOME OF OT	727 Dru				CONS	TRU	C718	N	-		-
21201	A PANA		MD.	136 COUNTY		13c. CITY OR		YES NO		ADDRESS Dru	bid	PI	41	4	AKe.
WO.	3.3.7. I	14. F	ATHER'S NAME	M	NOOLE	LASI		15. MOTHER'S M		MIDDLE			1/	AST D	1
	The second secon	)	PHUMOL	Martin		W	alker	Mn	1910						
BALTIMORE	ETTORSO 1	16a.	WAS DECEASED EVER YES, NO, OR UNKNOWN!	(IF YES, GIVE WAR		10000	SECURITY NO.	17 INFORMANT	!!		DDRESS				
TY S	JRS AFTER B. GIVE P. WITH FO T. PAGES DIVISION		Yes	-		Z63-		-Ruth	WAIK	cr 2	116	9	VAN	TIC	o Av
	± 6 8 5 1 0		18. CAUSE OF DEAT PART I DEATH W	TH (Enter only or	V					1.6			BETWE	PROXIMATE EEN ONSET	AND DEATH
PRESTON ST	XECUTED WITHIN 24 HOV 4G" IN PENCIL IN ITEM 11 2AL EXAMINER ALONG BURIAL - TRANSIT PERMI AND MENTAL HYGIENE, ATION, OR REMOVAL.			IMMEDIATE C				cardiova	ascular	diseas	3e		-		
EST	EMO EMO EMO		Conditions, if	any, which	DOE TO, OK	AS A CONSE	OUENCE OF								
×	MINE NTAI		gave rise to couse (a) stating		DUE TO, OR	AS A CONSE	OUENCE OF						,		
201	UTED WITHI IN PENCIL I EXAMINER HAL - TRANS O MENTAL H ON, OR REA		lying couse last.		(c)										
RECORDS, 201	SHOULD BE EXECUTED DND "YENDING" IN PERCHET MEDICAL EXAME LOSED AS A BURIAL." TOF HEALTH AND MEN		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONT	TRIBUTING TO DEATH B	UT NOT RELATED	TO THE TERMINAL DISE	ISE OR CONDITION GIVEN	IN PART 1 to .						
0	BE EXECTION OF THE PROPERTY AND AS A BUTH AN CREMATI	CERTIFICATION							Arthur w		6 30		1.76		
~	CERTIFICATE SHOULD STRING THE WORD "PE DED TO THE CHIEF W E 3 SHOULD BE USED A E DEPARTMENT OF HE DIPLICATION OF HE	12	190 DATE OF OPER	ATION	196. CONDIT	ION FOR WH	ICH OPERATION	WAS PERFORMED?					20 AU	JTOPSY?	
DIVISION OF VITAL	ATE SHORT THE CHIE MED BE US MENT OF	量	210 EXTERNAL CAU	IC C VA/A C	216 TIME OF	INTUINV	Lás	Later Blueser	TELL EL					ES 🔲	NO K
0	STANE OF THE VALUE		UNDERLYING CONTRIBUTING			MONTH DA	AY YEAR	HOW INJURY OCCU	JRRED (ENTERNAT	URE OF INJURY IN	4 ITEM 18 PAR	RT I OR PAR	T 2)		
S O	CERTIFIC TING TH SED TO 3 SHOU DEPART	MEDICAL	214 INJURY OCCUR	RED	21e PLACE O	F INJURY (	19 AT HOME 211. L	OCATION				-		_	
N	L EXAMINER: THIS CERT E CERTIFICATE, WRITING OULD BE FORWARDED. IL DIRECTOR: PAGE 3 SF H, WITH THE STATE DEP.	AE	WHILE NOT AT W	WHILE D		ORY, FARM, ETC.)		STREET		ITY OR TOWN		COL	MIA		STATE
	ATE, T ORW ORW HE ST VD, 2	1			f the remains desc	ribed obove,	held on Auto	psy , Inspe	ection X.	Inquiry	, and	ın my op	inion		
	ANN PER PER PER PER PER PER PER PER PER PER		death resulted fram	n: A Natural c	causes X,	Accident _	], Suicide	, Homicide [	Undetern	nined monner					
	CERTICOL DIRECTOR WARY		ACTUAL	An	0	*		TITLE (SPECIFY				0.175			
	CAL EXA THE CER SHOULD ERAL DIR SATH, WI	-	SIGNATURE	X IV	1	()		M.D. Assista	ant_MEDICA	AL EXAMINER	R	SIGNE	06	5-25-	-86
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, M	-	EXAMINER'S NAME (TYPE OR PRINT)	Ahn M.	Dixon,	M.D.		ADDRESS 111	Penn ST	., Bal	to.,	MD	212	201	
	PAG PAG -	23 a. l	BURIAL, CREMATION, F	REMOVAL 236.	DATE	23c. NAA	AE OF CEMETERY		23d LOC			COUN	ity	STA	TE.
07/84	BP	13	SULIAL	. 7	-7-86	GA	rr1501	For. V		INGS	Mil	11 8	Alb.	MI	
25M	DHMH - 17	24 1	UNERAL DIRECTOR	1	ADORESS		1	13 pp.	ATEREC DINY	GISTRAR 25	B REGIST	RARSS	GNATU	RE	
	(VR A15 ME (5))	IN	1M.C. H	Mrch	· F. H.	4300	MALAG	10	- 0 1001	- gon	an White	rate My	Kanas	The same of	

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1 1			STATE OF MARYLAND		
1	FOR	DE	PARTMENT OF HEALTH AND MENT	AL HYGIENE Q	17109
00-10317	- STATE REGISTRAR		CERTIFICATE OF DEATI	REG. NO.	
00 10014	I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
1 2 25	(TYPE OR PRINT)	Jennie	Walker	6	120/86 10 AM
100	3 SEX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
T of t	Female	black			/RS
A 21 04	TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIED NEVER MARRI	BALTIMORE CITY OR CO	1
1 1 1 1	U.S.	U.S.	WIDOWED DIVORCE		re City MD.
X 11 100	10 CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, I	NURSING HOME OR OTHER INSTITUTE	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY
69 1144	Baltimore		oited of Ballin		INDUSTRI
2 1 2 3 40	USUAL RESIDENCE (# NURSING HS	ME OR OTHER INSTITUTION GIVE RESIDENCE	CE BEFORE ADMISSION) OR TOWN 134 INSIDE CITY LIA	AITS? 136 STREET ADDRESS / ZIP	CODE
皇本は 計学の	MD E	4 . 1	FIMORE YES NO		10-10 AVE. /21217
2 100 125	14 FATHER'S NAME		15 MOTHER'S MAIL	DENNAME	
1 4112	Willie FIRST		liams Lucu	MIDDLE	LAST Pour d
	160 WAS DECEASED EVER IN U.S		AL SECURITY NO. 17 INFORMANT	ADDRESS	Boyd
0 - N. 1	(YES, NO OR UNKNOWN) (IF Y	S. GIVE WAR OR DATES)		704	
2 134 1	No			. Scurry 704 Tess	
ME 6 4 46 9 5	18 CAUSE OF DEATH (Ent	er only one couse per line for (a),			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
· 一种		DIATE CAUSE (a) Carc	liac arrest		immed
4 - 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7916	DUE TO, OR AS A COM			~31/2 hrs
PRESENTED TO THE CONTROL OF TROINING TO THE CONTROL OF THE CONTROL OF TROINING TO THE CONTROL OF TROIN	Conditions, if any, which		arrest 2º to	aspiration	~ 372 hrs
	gave rise to immedia couse (a), stating th		NSEQUENCE OF		
State of the state	underlying cause los	1 1 10 gash	ric ca metast	atic to liver	~ Lmos
20 %		ANT CONDITIONS CONTRIBUTIN	NG TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR CONDITIO	N GIVEN IN PART 110
SO S S S S S S S S S S S S S S S S S S	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYIN				LEUX DATE CONTRACTOR
0 0 0 0 0 0 0 0	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
Post of the second of the seco	IF I			YES NO	YES NO
A STATE OF S	210. ACCIDENT WAS UNDERLYIN			OCCURRED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART ?)
OF OF STATE	OR CONTRIBUTING CALLES		IH DAY YEAK		
NO STORY STORY TO	(IF EITHER NOTIFY MEDICAL EXA	21e PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STATE
ING PHYPI Offer this cost the bur th and Me		(AT HOME, STREET, FACTORY,	OFFICE, FARM ETC ) STREET	CILLOKIOMA	COUNTY
A A A A A A A A A A A A A A A A A A A		hospital) attended the deceased	from (9/13 10	86 10 6/20	19 86, that (1) (we) lost
FENGE OF STREET	sow the deceased all	ve on 6/20	19 86 and that in (my) (our)	opinion death occurred on the date or	d hour and from the couses stated
ATT ATT OSPICE OF OSPICE OF OSPICE OS	above, (I) tyre) (did) (a	id not) view the body ofter doubt	DEGREE		27c. DATE SIGNED
OR he h	17.1	1 PM	MD ATTEN	DING MEDICAL STAFF	1-120/8/2
by the body the second store	224 PHYSICIAN'S NAME	TYPE OR SPINIT	PHYSI 122e ADDRESS	CIAN DIRECTOR PHYSICIAN	×   -   -
HOSP ained b FUNE ould be the the S				Hospital of 8	-11-121215
TO HOS etained TO FUN With the	Kichma				
T 2 L 2 / 7	23a. BURIAL, CREMATION, REMO		23¢ NAME OF CEMETERY OR CREMA	ATORY 23d LOCATION CITY OR TOWN	COUNTY STATE
BP	Entombm	ent 6-25-86	Arbutus Memorial	Park Arbutus	Maryland
DHMH - 16 50M 4/83	24 FUNERAL DIRECTOR	A	DDRESS	250 PATE RES'DABY 1980 RAR 256. R	EGISTRAR'S SIGNATURE
			Thoun St. 21217	00112	



		FOR			STATE	E OF MARY		YGIENE			
00-10	206	1 - STATE REGISTRA	A D		DICAL EXAMIN			63 K	REG. NO	7	0
0 10	200	1. DECEASED N		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WIDDLE	LAST			KNOWN .	MONTH DAY.	YEAR 25 HOUR
	War a State	Siste:	C MADY	T	Edward	LANT CI	H D.C.		LU11	6 21	1986 M
	A SEE SEE	3 SEX	MARY 4 RACE	S. DATE OF BIRTH	6 AGE (IN YE				_ (	AONTH DAY	YEAR 24 HOUR
	ON STATE	Female	White	April 25		Y) MONTHS DAY		MIN PRONOU!	) (	6 21	1986 7:19 P. M
-	N THE SERVICE OF THE	76. BIRTHPLACE	VIRYI	76 CITIZEN OF WH	AT COUNTRY?	MARRIED -	NEVER MARRI	ED X 9. BALTIN	ORE CITY OR C	OUNTY OF	DEATH
	Z D D	Virgini		U.S.A.		WIDOWED [			altimore	e City	
/	光光の音楽		WN OF DEATH	( IF NOT IN SUCH FAC	PITAL, NURSING HOME		TITUTION	120. USUAL OCCU	RKING LIFE)	0	IND OF BUSINESS OR INDUSTRY
10	202		imore		ity Hospita			Roman Car	tholic N	un Re	ligious
130		130 STATE  Maryle	1136 COL		Tac CITY OR TOWN  Baltimore		SIDE CITY LIMITS?	13e STREET ADDRE	Charles	Stree	et 21218
9		14 FATHER'S N	IAME	MIDDLE	LAST	15 MC	OTHER'S MAIDE		AIDDLE		LAST
ME.	Z S Z S S Z	Edward	1	Martin	Walsh		atherin		Moore	Scanl	lan
OWN	No o s d	160. WAS DECE	ASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECURITY	7 NO. 17 INF	ORMANT		ADDRESS		
ALT	ASSE ASSE ASSES	No			215-48-54	05 S	Sister C	hristine	Brandt	same	as 13e
	NI WIT PA	18 CAU	SE OF DEATH (Enter	only one couse per line	for (a), (b), and (c).)	100					APPROXIMATE INTERVAL
W. PRESTONS	A ERW E	PARI	TI DEATH WAS CAUS	IATE CAUSE (a) Mu	ltiple inju	ries					
STO	AOV ALCO	1	8/50		AS A CONSEQUENCE	OF .					
2	A A NS		ditions, if ony, while rise to immedia			23 X 1	z:35:10			10.0	
×.	OR TREE		se (a) stating the <u>under</u> g cause last	DUE TO, OR	AS A CONSEQUENCE	)F				1	
20	SALEN	7.0	g caose lost	(c)					4.51	6.2	
DIVISION OF VITAL RECORDS, 201	TO MEDICAL EXAMINER. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOLD REXECUTE HE CERTIFICATE, WRITHING THE WORD, "PENDING" IN PENCIL IN ITEM. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT FERMINAPLE DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIBNE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL		HER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	NAL DISEASE OR CON	DITION GIVEN IN PAI	RT I (o			
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TAL	MA PER	JFI C		MD SEC						100	YES X NO
2	FICATE SHOULD IN THE WORD "PEN OTHE CHIEF WIND BE USED A RYMENT OF HEAD ON TO BURIAL, CI	21g. EXT	ERNAL CAUSE WAS	21b. TIME OF	INJURY MONTH DAY YEAR	21¢ HOW INJ	URY OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 18 PART		TES IN NO
0 2	SHEESER -	UNDERL	YING OR	HOURXX	MONTH DAY YEAR						
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20	WARDEL WARDEL WARDEL PAGE 3	WHILE AT WOR	RK NOT WHILE	STREET, FACTO	ORY, FARM, ETC.)	Md. Rt.	. 175 &	4 mi. Mc	Carron,	Anne A	rundel Co.,
	A FE ST P	22a I	certify that the chi	organist the remains desc	ribed above, held an	Autopsy X	, Inspection	Inquiry	, and in	my opinion	yland
	NE REFE	death r	esulted from Ny	publichuses .	Accident X So	cide . H	omicide .	Undetermined m	onner ,		
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Ter of	3. SE	X	4 RACE	5. DATE OF B	DAY YEAR	6. AGE (IN YEARS LAST		UNDER I YEAR IF UNDER 24 H	IRS
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		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU					TENERO D	_
d by the		underlying couse last.	(c)	DEINCE OF					
aned n ple burio ry, or		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TERM	NAL DISEASE OR CO	NDITION GIVEN	IN PART 1:0	=
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hos hos	THE					YES NO	YES	NG CAUSES OF DEATH?	
s d s d	U	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY VEAR	It. HOW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 PART	1 OR PART 2)	
certifica certifica uriol-tro tentol H Item 18	¥	OR CONTRIBUTING CAUSE OF DEA	in .	19					
C 0 2 0 -	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		I LOCATION STREET	CITY OR	IOWN	COUNTY STATE	
After this e as the bull of the and Marked or morked or	E	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC )	SIRCEI	CITYON	OWIN	CODIAIT	
		220.1 certify that (1) (this haspit	tal), attended the deceased from.		, 19		23 19	86, that (1) (we) 1	last
2 20 1		saw the deceased alive on above, (1) (we) (did) (did no	10-13 19	86, and ti	hat in (my) (aur) apinian a	leoth accurred on the	date and have a	nd from the causes stated	
		27h SIGNATURE	y view the body after death.		GREE			22c. DATE SIGNED	
y the hor RAL DIRECTOR OF THE POPT.		& Wesle	WW		ATTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN M	6.23-81	
FUNERAL IN THE State ORTANT:		THE PHYSICIAN'S NAME (THE O	a public;	22	e. ADDRESS	å .	ICIAITA	0-2000	
	- 10	K. Hesle	d	1	nch Rade	Vetocan	5 4050	ital	
0 e 0 e 3 x	23g.	BURIAL, CREMATION, REMOVAL		NAME OF CEMI	ETERY OR CREMATORY	23d LOCATION	, 103		
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	24. F	JNERAL DIRECTOR	10 01 0010	MKKIS	25a DATE	REC'D. BY REGISTRA	RIZM REGISTRA	PS SIGNATURE	2
DHMH - 16 60M 7/84 (VRA 15, 4)	1	M.C. March	E/HTHO HESS	GALLA	thave JU	N 26 1086	gunda	when Apoplatic	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	STATE REGISTRAR					ICATE OF DEATH	6 6 REG. NO	o. 1	1	60
	OR PRINT) GIS	FIRST	MARI	A	WALT	EN	June 13,	1986	Y YEAR	2b. HOUR
3. SE	X	4	RACE		S. DATE C		6. AGE (IN YEARS LAST BIRT		UNDERIYEAR	IF UNDER 24 HRS
	Female		White		Dece	mber 11, 1925	60	YRS	DNINS DAYS	HOURS MIN.
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die S		NG HOME OR O		Baltimor		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / 4119 Rol	ZIP CODE	e. 212	11
14 FA	THER'S NAME FIRST	M	IDDLE M.	lesserschn	nidt	Bertha	MIDDIE MIDDIE		ĮAS	ī
16a V	VAS DECEASED EVER I		WAR OR DATES)	220-34-53		Gary Walten	ADDRE 4119 Roland		21211	
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	Conditions, if ony, gove rise to imm		(b)	Bowel P	erfor	shor		ليمتر	1	honth
	cause (0), stating underlying cause	,	DUE TO, OR	O Varian	NCE OF	arcioni			3	years
NO	PART 2 OTHER SIGN	IFICANT CO	ONDITIONS <u>CO</u>	INTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	V IN PART TO	
CERTIFICATION	19a. DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH C	PERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO		WERE FINDIN	
	21a. ACCIDENT WAS UNDI OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	HOUR A.A	M. MONTH DAY	YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PAR	T I OR PART 21	
MEDICAL	21d INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	LE 🗆	21e. PLACE C	OF INJURY EET FACTORY, OFFICE FAR	RM, ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that       saw the decease above, (1)	d alive an_	Bare	6 19.8		nd that in (my) (aur) apinion d	leath actived an the do	3 . 19	and from the	
	22b. SIGNATURE	lan		1- Suni			MEDICAL STAF		22c. DATE	14-86
	22d PHYSICIAN'S NA		Guire			27e ADDRESS	pkins Hosp.			Table to

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR

marked or Item 18 shaws any

IMPORTANT: If Item 21 is should be detached for with the State Dept. of

Cremation

23a. BURIAL, CREMATION, REMOVAL 23b. DATE 6/17/86 23c NAME OF CEMETERY OR CREMATORY

23d LOCATION
CHYOR TOWN
Baltimore City

COUNTY

Md.

Greenmount

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR Mitchell- Wiedefeld Home 6500 York Road 21212

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a do	3. SE	X	4. RACE	5 DATE (		6. AGE   IN YEARS LAST BIRTH	MONTHS DAY	
4 0	1	Female	White	Jan	0 4000	96	YRS.	MIN.
8 41 42		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	
	2	MD	USA	WIDOW		Baltimo	re City	MD.
1	0.0	Baltimore	11. NAME OF HOSPITAL, P	E STREET ADDRESS)	DR OTHER INSTITUTION	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V	VORKING LIFE) INDUSTR	
	dsu	AL RESIDENCE (IF NURSING HOME						n Home
EM DEE	13a	MD Ba		nonium	13d. INSIDE CITY LIMITS? YES NO 🔀	13e.STREET ADDRESS / 2205 Pine		21093
10 b	01	ATHER'S NAME	MIDDLE 14	AST	15 MOTHER'S MAIDEN NA	ME		AST
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bysici bysici oval. nt, th		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per line for tal, SED BY:	(b) and (c).	214 8.05	6	APPRO BETWEE	DXIMATE INTERVAL IN ONSET AND DEATH
ng plan rem	143	IMMEDI	ATE CAUSE 10)	the re	and mile	K .		
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L RECORDS.  In require to be seen signermit. There is no prior to be seen signermit.	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUS YES	DINGS USED ES OF DEATH? NO []
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OR A DIRECTOR A DIRECTOR OF THE		226. SIGNATURE	a Maria A a 1		ATTENDING PHYSICIAN [	MEDICAL STAFF	1.	TE SIGNED
By the State of despired in Tale		224 PHYSICIAN'S NAME LIVE	e new gree	102	PHYSICIAN [	DIRECTOR PHYSICIA	IN D	10.86
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5 g 5 g ₹		BURIAL, CREMATION, REMOVA	AL 236 DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
BP		Burial	7/5/86	Loudo	n Park	Balto.		
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR Hen	ry W. Jenkin	s.& Sor	S Co. 25a DA	TE REC'D. BY REGISTRAR 25	REGISTRAR'S SIGN	ATURE
(VRA 15, 4)	49	905 York Roa				JL 3 1986	Like Deviden	-1 10.10

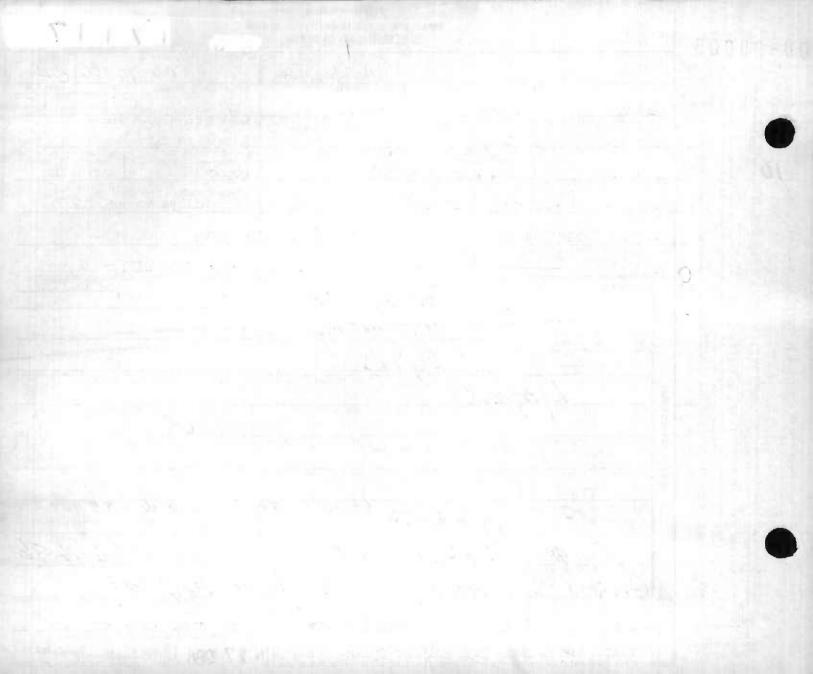
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	ito., No. 21-12	

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR LTYPE OR PRINTS poge 3 Aloha WARREN 06 26 86 0806 AM 4 RACE 5. DATE OF BIRTH 3 SEX AGE LIN YEARS LAST BIRTHDAY IF UNDER LYEAR IF UNDER 24 HRS BLACK FEMALE YEAR 12 12 01 74 Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY USA Md. Baltimore City WIDOWEDET DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h, KIND OF BUSINESS OR St. Agnes Hosp. TYPE OF WORK FOR MOST OF WORKING LIFE Mode 1 Baltimore Retired City USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS 130. STATE 13b COUNTY Balto. 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Md. 3115 Phelps Lane YES X 21229 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDGLE MIDDLE Charles Burrell Virginia Jones A. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) HEYES. GIVE WAR OR DATEST 212-12-7344 Emanuel Burrell 3115 Phelps Lane APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY HSPIRATION DUEMONITIS IMMEDIATE CAUSE (a DUE TO, OR AS A DONSEQUENCE OF DRONCHOG ENIC Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ARDIOVASCULA ISEASE 286. IF YES, WERE FINDINGS USED 20a AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? NO YES -NO [ burial-transit Mental Hygie 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) orked NOT WHILE JUNE 16 86 JUNEZ6 220.1 certify that (this haspital) attended the deceased from saw the deceased olive on JUNE 26 8 . and that in (my) (auc) apinion death occurred on the date and hour and from the causes stated above, (1) (and) (did) (and not) view the bady after death Dept 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d PHYSICIAN 22e ADDRESS should by 0 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Buria STATE 7/1/85 Arbutus, Maryland Arbutus Mem. Pk. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ma wilder - VI DHMH - 16 60M 7/84 4300 Wabash Avenue Wm C March F/H West (VRA 15, 4)

27 27 29 - Married December De . The same and the same Marine Marine Commence of the contract

09863	1-	FOR STATE REGISTRAR			NT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O REG. N	1 7	1	1 0
		CEASED NAME FIRST	MID	DLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
poge 3	11111	Carro	oll M		Warrington	June 1	7,1986		
mo)	3 SEX		4. RACE		DATE OF BIRTH  MONTH DAY YEAR	6 AGE (IN YEARS LAST B	RTHDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
ecto rs of		Male	Whi	te	Aug. 17, 1942 FAR	43	YRS.	- DATS	I Alle
1 12 107		RTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WH		MARRIED   NEVER MARRIEDX	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
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7 11 3	100	TY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING I	HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND C	F BUSINESS OF
2 33 00	Ba	altimore	11 W.C	ross St	.Balto.Md.	Manager,	Equita	ble	Frust
24 ho ould be must b	130 S	AL RESIDENCE OF NURSING HOME OR TATE	OTHER INSTITUTION GR	Baltimo	1134 INSIDE CITY HAITS?	13. STREET ADDRESS	ZIP CODE	21 t.Bal	230 to.Md.
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Poges medical p		vas deceased ever in u.s. ar les noor unknown) Guar ational Guar		SOCIAL SECURIT	yno 11 INFORMANT 359Mrs.Mary W	arrington,			.Md.21 ngton
deoth c ottendir nove cork stron, or raumotic		Conditions, if ony, which	DUE TO, OR A	S A CONSEQUENC	CE OF	0	J		
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(VRA 15, 4)



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4 E	after p	Male		A RACE Black		5. DATE O	F BIRTH	Ĭ [*] 911	6 AGE (IN YEARS LA	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
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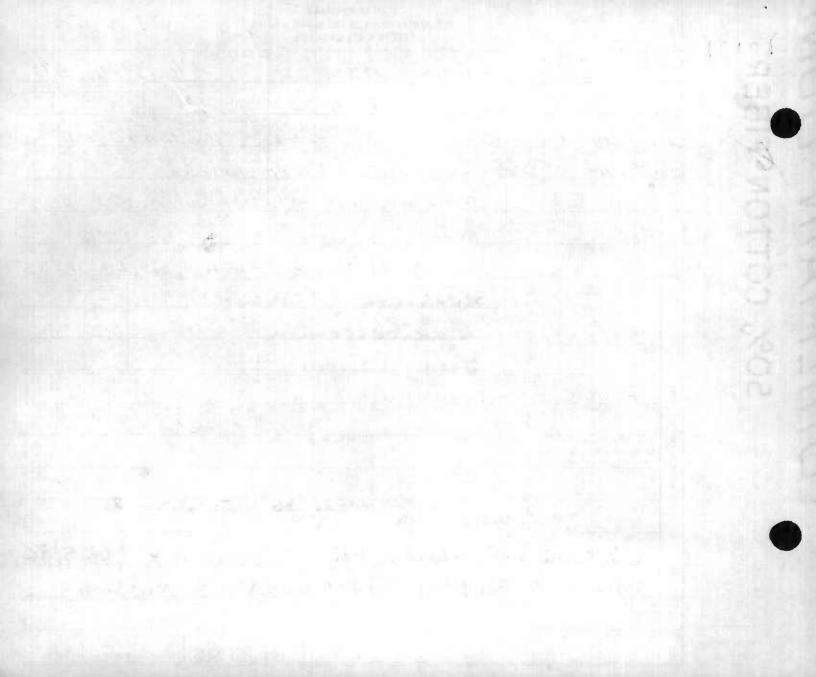
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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

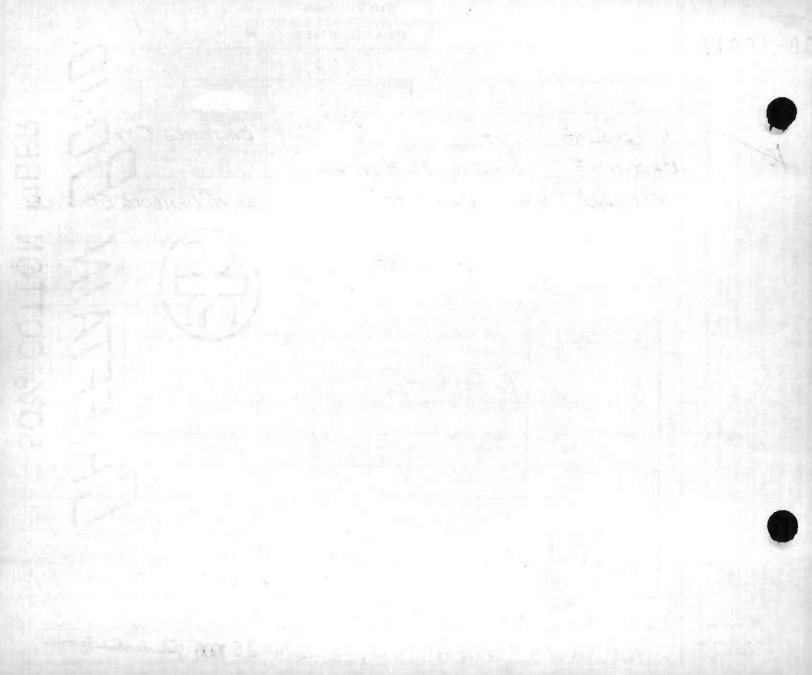
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	7a. BII	RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8 MARRIE	NEVER M	ARRIED -	9 BALTIMORE CITY OF	COUNTY OF	DEATH		
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5	0.	TY OR TOWN OF DEATH	(IF NOT IN SUCH	OSPITAL, NURSING HOME OR OTHER INSTITUTION FACILITY, GIVE STREET ADDRESS)			120 USUAL OCCUPATION OF WORK FOR MOST OF Retired					
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)	Н	enry		Watson		Isabe				Spivey		
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	ED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT				ADDRESS				
		No	t was on pares,						802 Belgian Avenue			
N	18 CAUSE OF DEATH (Enter only one cause per lips for (a), (b), and (c) PART I. DEATH WAS CAUSED BY							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
		IMMEDIATE CAUSE 10) NEW PRICE STORY										
÷		DUE TO, OR AS A CONSEQUENCE OF										
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	MEDICAL	21d INJURY OCCURRED 21e		10 PLACE OF INJURY 211 LOCATION STREET STREET			N	CITY OR TOV	vn (	OUNTY	STATE	
	2	AT WORK AT WORK		The same of the contract of th	ann, ere y	Latte.				-		
		220 I certify that (I (this hospital attended the deceased from 3 Mar., 19.86, to 25 June, 19.86, that (I) (we) lost saw the decreased clive on 19.86 and that in mour opinion death accurred on the date and hour and from the couses stated above. (If we lided this native we the body after death										
			t view the body	ofter death.	<b>S.G.</b> 01	nd that in m	our) opinian d	eath accurred on the do	te and havr and	from the couse	es stoted	
	1	226 SONATURE DEGREE DEGREE ATTENDING MEDICAL STAFF									-10,	
			PHYSICIAN DIRECTOR PHYSICIAN									
		alla X	, ce	aux	red,	PI	HYSICIAN [	DIRECTOR   PHYSIC	AND	9/20	100	
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 26 HOUR LIVPE OR PRINTS 45 deoth poge & AGE TIN YEARS LAST BIRTHDAY IF LINDER LYEAR IF UNDER 29 HRS 3. SEX 4. RACE 5. DATE OF BIRTH MONTH 0 Black 15 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE LISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY WIDOWED [] DIVORCED I innove 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND O (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) inai JSUAL RESIDENCE ING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 21216 13a STATE 136 COUNTY CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE a Himore NOF North 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE bee John 10. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 7108 Rockrid NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. ardiac IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Larcinoma Conditions, if ony, which gove rise to immediate other couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH nto (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 Me ö 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) morked NOT WHILE 6-25 86 26 6-25 86 sow the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death If Hem 226. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF -25-86 FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME ITYPE OF PRINTS 22e ADDRESS d b IMPORT Danie agan 3 = 0 23d LOCATION 23e. BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY COUNTY Littleton 6/29/86 Oak Grove Cemetery Burial BP.

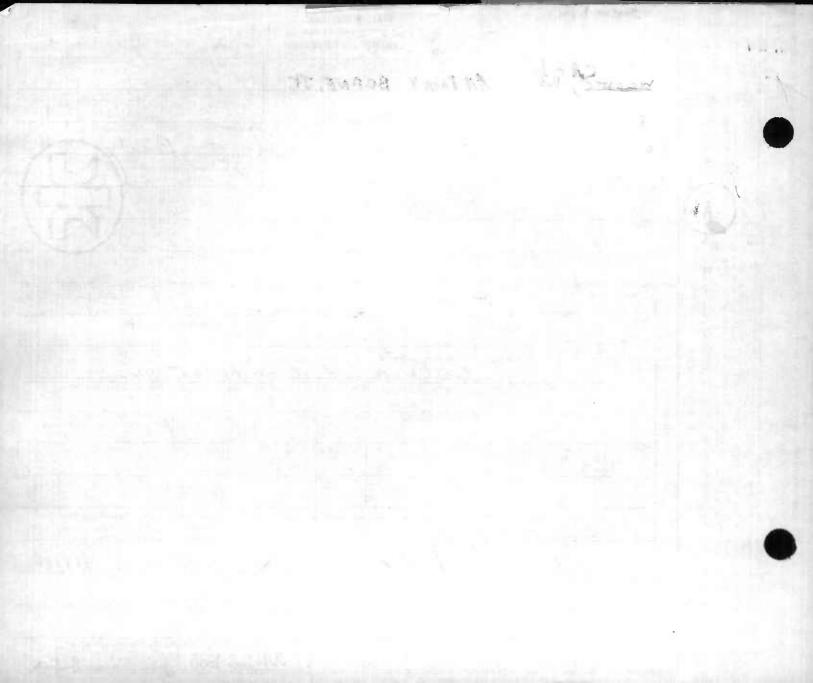
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STATE OF MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIRECTOR

March Funeral Home West 4300 Wabash Avenue

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-a Stan	) Type	CEASED NAME		IN Then Y	Be	ANE.	Jr.	06/14/86	MONTH DAY	
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1 135	R BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	us	WHAT COUNTRY?	MARRIED	NEVER M	ORCED _	9 BALTIMORE CITY OF	B. Co	DEATH C
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99(1)	13a. S	AL RESIDENCE (IF NURBING IN COLIF		GIVE RESIDENCE BEFOR	/N 1	13d. INSIDECI	TY LIMITS?	13e.STREET ADDRESS /	-	
		THER'S NAME FIRST	WIDDLE	LAST		Tre	ena .	MIDDLE		ebster
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DHMH - 16 60M 7/84 (VRA 15, 4)	24 F(	INERAL DIRECTOR NAME Anatomy	y Board	ADDRESS	Balto	o., Md	1111	N 23 1986		R'S SIGNATURE



FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10	1 444	
		CEASED NAME	FIRST	N	AIDDLE		AST	20 DATE OF DEATH	MONTH DAT	Y YEAR	2b. HOUR
	{ I A P E	LIES	ELO	TTE	J. WEID	EMANN		JUNE 12,	1986		8:56 A
3	. SE>			4. RACE	-	5. DATE O		6. AGE (IN YEARS LAST BI		UNDER 1 YEAR	IF UNDER 24 HRS
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		LTIMORE		THE JO	OHNS HOPK	INS H	IOSPITAL	HOUSEKEE			
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ı	WE	WHILE NOT WHI	LE 🗌	{AT HOME_STR	EET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TO	)WN	COUNTY	STATE
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1		sow the decease	d alive ar	ot) view # body			nd that in (my) (aur) opinian	death accurred on the a	late and hour o	and from the	causes stated
1		22b. SIGNATU	101/	1/	arrer dearn.		DEGREE			22c. DAJE	SIGNED
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		7.0	. 4	ABS			70/103	Hopkins	BALTO.	, MID 2	.1203
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	(	CREMATI	ON	6-13	-86 C	ARRO	LL CREMATIO		C	RROLL	STATE M.D.
2	4 FL	INERAL DIRECTOR			_ ADDRESS		25a DAT	FREC'D BY REGISTRAF	25b. REGISTRA	R'S SIGNAL	
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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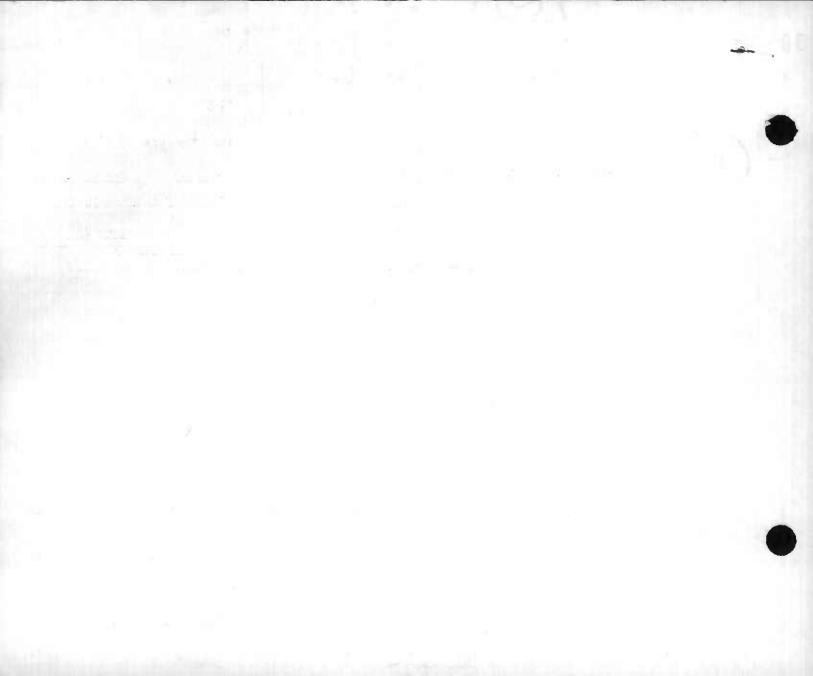
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LINE FUNERAL HOME REISTERSTON, FD.

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4 may be or, page 3 ther death			4. RACE	Wein S. DATE O MONTH	stein	6. AGE (IN YEARS LAST BIR	MONTH DAY YEAR  ( - 7 - 8L  THDAY)   FUNDER LYEAR  MONTHS DAYS	26. HOUR TO M IF UNDER 24 HRS HOURS MIN.
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n and camplett	16a \	JÁCOB  WAS DECEASED EVER IN U.S. AR YNO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b. SOCIAL	FISHMAN SECURITY NO.	17 INFORMANT MRS	ANNIE MIDDLE	GARELÍ BSANELLO ILLE, MD 208	
equires that the death certificate by signed by the attending physicial her please remove carbonappers, to burial, cremation, ar removal.	Z	PART 2 OTHER SIGNIFICANT	ED BY: TE CAUSE (a)  DUE TO, OR AS A CONSI  (b)  DUE TO, OR AS A CONSI  (c)	Lardia EQUENCE OF		NNAL DISEASE OR CON		MMATE INTERVAL ONSET AND DEATH
an. has been perior in permit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION		200 AUTOPSY? YES □ NO 🌠	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES	NGS USED S OF DEATH?
DING PHYSICIAN TI or ottending physicial After this certificate e as the buriol-transi olth and Mental Hygi marked or Item 18 sh	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELINE ETHER NOTIFY MEDICAL EXAMINED CAUSE OF DELINE CONTRIBUTION OF THE CAUSE OF DELINE CAUSE OF DELINE CAUSE OF THE CA	HOUR A.M. MONTH	19	216 HOW INJURY OCCURE 216 LOCATION STREET	RED (ENTER NATURE OF INJU		STATE
OR ATTEN e hospital DIRECTOR: ched for us Dept of He Hem 21 is	,	22a. I certify that (I) (this hasp saw the deceased alive an abave, (I) (we) (did) (did no 22b. SIGNATURE	,	19 <u>86</u> , on	d that in (my) (aur) apinion (EGREE  ATTENDING PHYSICIAN F	MEDICAL STAI	ote and hour and fram the	that (I) (we) last causes stated SIGNED 7 - 7 6
TO HOSPITAL retained by the TO FUNERAL Is should be determined with the State of IMPORTANT. If	23a. 1	274 PHYSICIAN'S NAME (TYPE OF PARTIES OF PAR	C. Hagan D.	0.	22e ADDRESS	DIRECTOR PHYSIC  - BALTIMON  1236 LOCATION	cE, MD 2121	
BP DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	BURIAL	JUNE 10,198	6 HAR S	INAI	OWINGS I	MILLS BALTO  256. REGISTRAR'S SIGNAT  Fulia Davidoon	



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH I. DECEASED NAME MONTH (TYPE OR PRINT) Qualle 4. RACE 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH 2 > To BIRTHPLACE 76 CITIZEN OI BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED T 1. NAME OF SUAL RESIDENCE 30 STATE 4 FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes Werner, Same as above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c dodu PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ Mental Hygie 216 TIME OF INJURY IDIN INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH 6-25-Subject fell (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. - e 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STARR AT HOME, STREET FACTORY OFFICE FARM ETC. NOT WHILE building 220 1 certify that (1) (this hospital) attended the deceased from. DIRECTOR: 30 sow the deceased alive on above, (1) (we (did) (did no d from the course stated 226. SIGNATURE DEGRECERTIFICATION APPROVED IF THE DATE & IGNED ATTENDING should be deta with the State [ DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESE 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Burial Crownsville, Vet. Cem. Crownsville, Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 McCuilly Funeral Home. 130 E. Fort Ave. (VRA 15, 4) Acho dayson

STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21-20	U
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SPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate by executed within 34 hours attended to the formation of the second	
by the hospital or ottending physician.	
VERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely illed in by the time of the other and completely illed in by the time of the other page 3	3
be detached for use as the burial-transit permit. Then please remove carbon popers, Pages, and 2 should be liked within 2 have about	2
State Dept of Health and Mental Hygiene prior to burial, cremation, or removal	1
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH FIRST MONTH DAY YEAR 2b. HOUR Wernig (TYPE OR PRINT) C. 27 5:18 A. John 6 86 3. SEX 4 RACE 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR IF UNDER 24 HRS 6 MONTH 14 White 1916 Male TO BIRTHPLACE ISLATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore, City U.S.A. Maryland DIVORCED [ WIDOWED OCITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR WINDER FOR MOST OF WORKING LIFE Sinai Hospital Black & Decker Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE NO COUNTY Owings Nill 3013 Walnut Ave. 13d. INSIDE CITY LIMITS? 21117 VBalto. Maryland NO X FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Butterfield Blanche John Wernig 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Same as 13e Mrs. Carol Butler 212-10-9290 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Q N CERTIFICAT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 71d INJURY OCCURRED THE PLACE OF INJURY COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) AT WORK NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from, 19_ ___, that (I) (we) last sow the deceased alive on _______obave, (I) (we) (did) (did not) view the bady after death and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ould the the 101 West Ridgley Rd. Kamal Jain M.D. 23a BURIAL CREMATION REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE (SPECIFY) 6/28/86 Butler Black Rock Cemetery Balto. Md. Burial 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 21204 DHMH - 16 60M 7/B4 Atina Daydon- gar ADDRESS Ruck Towson Funeral Home. (VRA 15, 4) Inc

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	11-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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ryle other	14 FA	THER'S NAME  STATE STATE  AND STATE STATE  STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE STATE  STATE  STATE STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE  STATE
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, BAL)		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY  One of the couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY
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VITA Nysica Tronsit Hygi	H H	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY  OR CONTRIBUTING CALLS OF DEATH HOUR A.M., MONTH DAY YEAR
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HYSIC nding this cer burio	MEDIC	21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION COUNTY STATE  (AT HOME STREET FACTORY OFFICE FARM ETC.) STREET CITY OR TOWN COUNTY STATE
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NDIP NO IS USE OF TEOLIFIES		220   certify that (1) (this hospital) attended the deceased from June 1, 19 86, to June 15, 19 86, that (1) (we) lost
ATTE Sprite CTO d for of h		sow the deceased alive an
OR OR Porcher		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF TO A LOCAL STAFF
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TO HOSPITA TO FUNERA Should be de with the Stote	22	J. L. DEUTEN HOSPY THEA CENTER
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BP	24 FI	Cremation 6/16/86 Loudon Park Cemetery-Baltimore, Maryland UNERAL DIRECTOR STEPLING FUNERAL ESTATE PA 1350 DATE REGISTRANS PROBLEMS THAT SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	17	UNERAL DIRECTORS terling Funeral Estate, P.A. 250. DATE REGISTRAN 250 RE

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	FOR STATE		OF HEALTH AND MENTAL HT	81	0 17131
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	E OR PRINT)	DRGE Kenneth	WETZEL SR.	JUNE 14,1986	8:40a ^
3. SE		4. RACE 5. D	ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
1 11	Male	White 5	ept. 7, 1913	72 YRS	s.
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22		E CAUSE 10) ardie	e Anrest		- Mour
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10 de	underlying cause last	(c)			
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Dundalk, Maryland

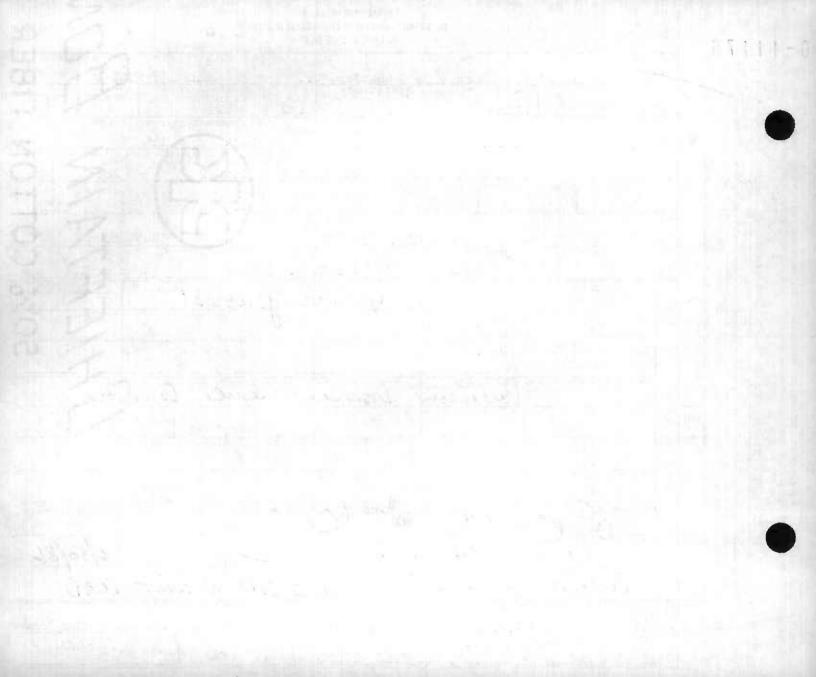
21222

(VRA 15, 4)

7922 Wise Avenue

Guia Devident Park a la

STATE OF MARYLAND



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41 11 80	NO C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN CH FACILITY, GIVE STREET A		OR OTHER INSTITUTION
10 0 0 1		Baltimore		cy Hospit		2 - 1 / 2
0 21 P	13a	STATE		13c. CITY OR TOW		13d. INSIDE CITY LIMIT
AN CO	-	The second secon	imore	Carney	100	YES NO 3
1 10 /1/	1/	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDER
W 90 10/12/C	-	Rev. William	J.	Yinglin	0	Doris
OR STATE OF			MED FORCES?	166 SOCIAL SECU		17 INFORMANT
TIM pe		No		216-56-9	9461	Rev. Wm
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 has a cattending physician. Wher this certificate has been signed by the attending physician and campient form by as the buriol-transit permit. Then please remove corbonopolar flags and mortal than and Mental Hygiene prior to buriol, cremation, or removal are them 18 and injury, or ather traumatic event, it is medical and injury, or ather traumatic event, it is medical and injury.		18 CAUSE OF DEATH (Enter or PART), DEATH WAS CAUSE	nly one couse per	r line far (a), (b), and	dicti	
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RES de		Canditions, if any, which gove rise to immediate	(b)	Linnung	acti	ciency
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DS, 201 W quires that signed by hen please to burial, cr		DARLO OTHER SIGNIFICANT	(c)	ON INTERNATION OF STATE	C A TILL DILLY	NOT BELLIED TO THE
requires the signed are burial injury, or	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO L	EATH BUT	NOT RELATED TO THE
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SICIAN Pappy Sician Certification of the central Pitem 11		OR CONTRIBUTING CAUSE OF DEA		.M. MONTH DA .M.	Y YEAR	
AYSh ding ding Mer Mer	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		21f LOCATION
DIVISION OF VIT OR ATTENDING PHYSICIAN: e hospital or attending physis DIRECTOR: After this certificat about the ord Mental Hy Dept. of Health and Mental Hy f Hem 21 is marked or tem 18	¥	WHILE NOT WHILE	(AT HOME ST	REET FACTORY, OFFICE, FA	ARM, ETC )	STREET
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OR AT e hosp DIRECT sched fr Dept. o		22b. SIGNATURE	A A	difer dediff.		DECREE
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Period by the MPORT		Ronald Geo	x er	M.D.		301 54.
5 € 5 € ¥ ₹	230 5	BURIAL CREMATION REMOVAL	1225 DATE	1 22. N	AME OF C	EMETERY OR CREMATA

(SPECIFY)

24 FUNERAL DIRECTOR

Martin D.

Cremation

6/25/86

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

23c NAME OF CEMETERY OR CREMATO

Westview Mem. P

#21093

Lawson, 10 W. Padonia Road, Timonium 26 1008 Jakeighen Andel

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9 BALTIMORI	CITY OR COUN		EATH		
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		2	2c. DATE	SIGNED	
MEDICAL DIRECTOR	STAFF PHYSICIAN TO		6-25	5-86	
Paul Pla	ce Bai	Him	ore	MD	
		, ,	1		21907
CITY OR	nsville,	Balt.	O C	3	TATE (I)
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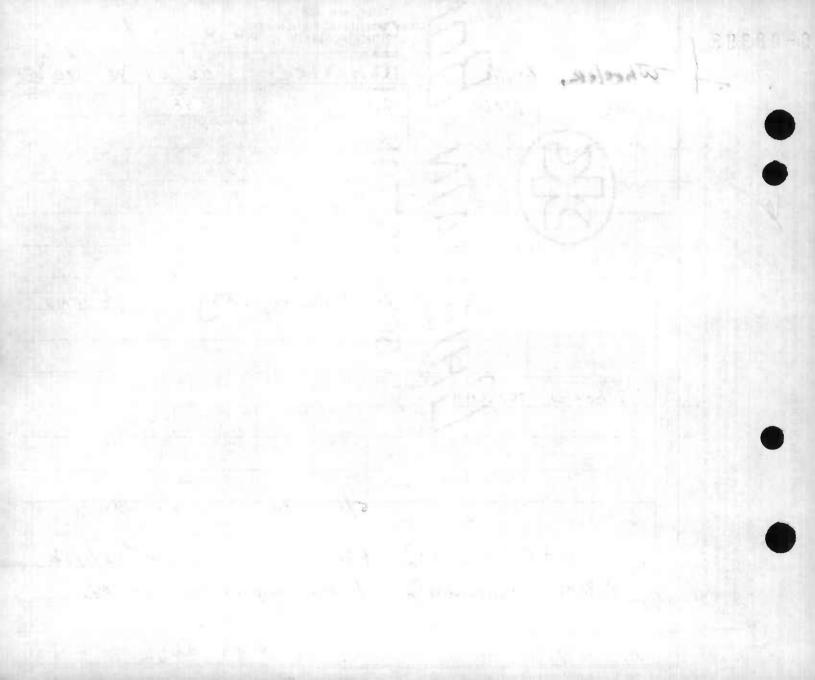
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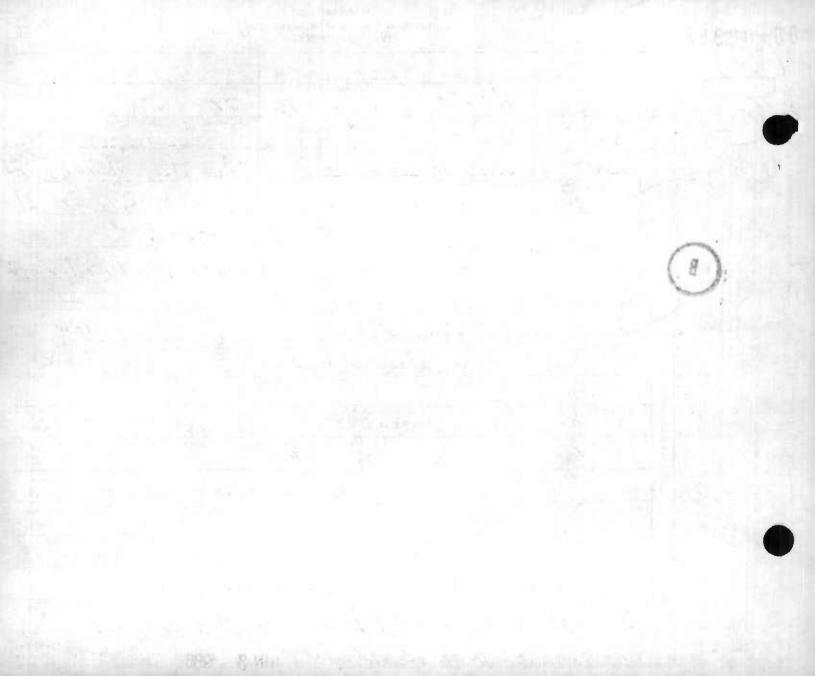
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-08343 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST MIDDLE 20 DATE OF DEATH MONTH 26 HOUR TYPE ORPRINT JOSEPH WHITAKER JUNE 1986 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) EGRO MONTH TO BIRTHPLACE (STATE ON FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED MEVER MARRIED COUNTRY) BALTIMORE CITY WIDOWED DIVORCED [ CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMORE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE OF NURSING HE DIR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME 60 WAS DECEASED EVER IN U.S. ARMED FOR 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES GIVE WAR OR DATES) IYES NO OR UNINOWNS 18 CAUSE OF DEATH (Enter only one cause per line for (o), b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY cardiorespiratoru arrel IMMEDIATE CAUSE (O. DUE TO, OR AS A CONSEQUENCE OF m premound Conditions, if ony, which gave rise to immediate N couse to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last massive subditial hematoma week 00 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a PR NONE 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? TEVACUATION SUBDURAL 216. TIME DE INJURY 210. ACCIDENT WAS UNDERLYING 21E. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR AM MONTH /DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 1980 SED (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21L LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM ETC ) STREET NOT WHILE MONTRELIER ST 1624 MY HOME May 2 220.1 certify that (1) (this haspital) attended the deceased from, May, 31 and that in (my) (our) opinion death occurred an the date and haur and fram the couses stated 226 SIGNATURE DEGREE 224 DATE SIGNED MEDICAL ATTENDING STAFF mp PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN S NAME THIS SHOULD 22e ADDRESS JUHNS HOPKINS HOSPITAL 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY STATE 24 FUNERAL DIRECTOR REGISTRAR 255. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/B1 (VRA 15, 4)



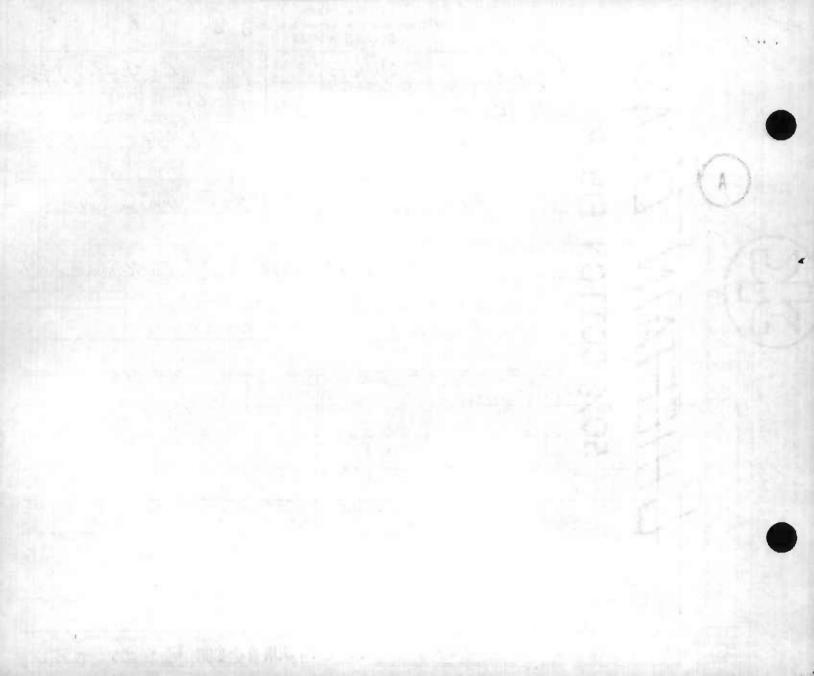
McCully Funeral Home, 130 E. Fort Ave.

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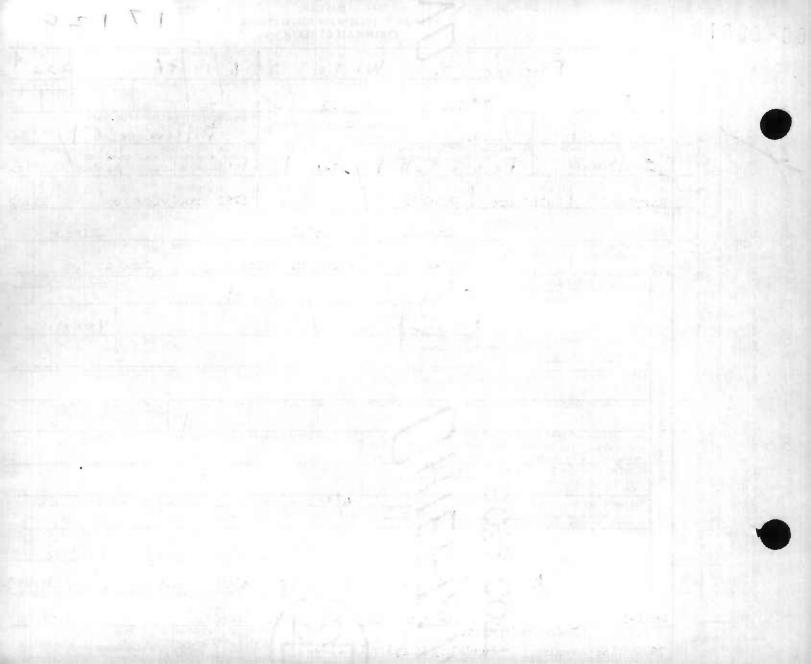
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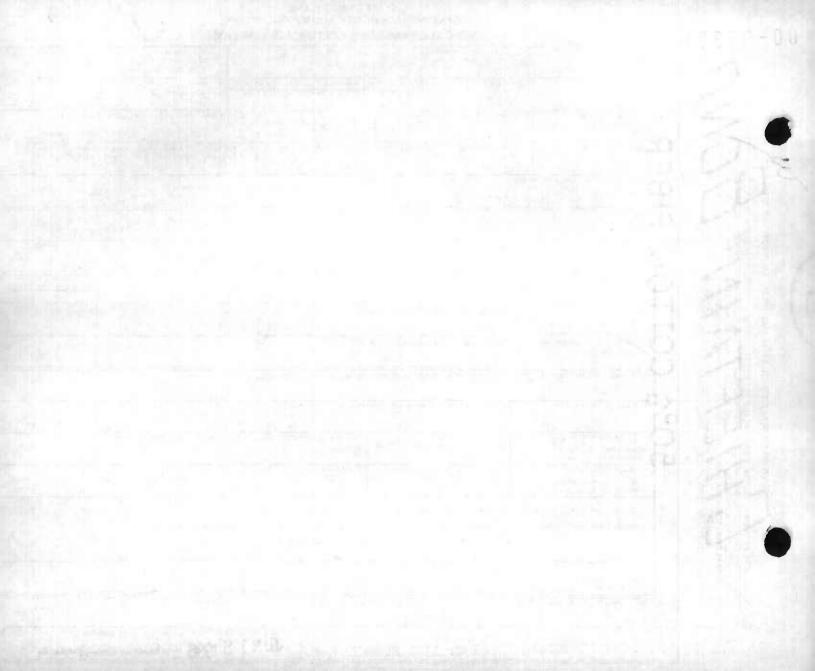
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-	PERAN IS NOT HERE S BE FRED.	.10. CI	TY OR TOWN OF DEATH		PITAL, NURSING HOME, OR OT LILITY, GIVE STREET ADDRESS)		USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)					
5	PACHA PACHA	110114	Baltimoe	Francis	Scott Key Medi	ical Center		,				
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E, MD.	F-255		ATHER'S NAME FIRST DSEPH	MIDDLE	WHITE SR.	15. MOTHER'S MAIDEN NA FIRST DAPHNE		LAST SMTTH				
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A S	MENDING BE	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?									
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N N	ARTA ARTA OR TO		UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH ? - B.M.	6/9 19 86 S	Subject drowne	7					
ISIO	ERTING ING SSH PRICE	MEDICAL	214 INIURY OCCURRED	21e PLACE O	FINJURY (ATHOME. 211 LE	OCATION						
5	NER: THIS CERT CATE, WRITING FORWARDED TOR: PAGE 3 SH THE STATE DEPA	Z	WHILE NOT WHILE AT WORK	7	DRY, FARM, ETC.)	ores Run Strea	m. Frankford A	Ave., Balto.City				
	TE, VERWARE PARTY		Md Md									
_ \	AN STATE OF THE ST		22a. I certify that I took charge of the remains described above, held on Autopsy (L.), Inspection (L.), Inquiry (L.), ond in my opinion death resulted from: Natural causes (Accident L.), Suicide (L.), Hamicide (L.), Undetermined monner (L.),									
	EXAMI CERTIFI ULD BE DIRECT WARYLA	44	TITLE (SPECIFY)									
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SHOULD SHOUL		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER SIGNED									
	DEAT SET OF SET				-	M. A.S. LST CITY	LEDICAL EXAMINER	SIGNED WITO OV				
	TO MEDIC EXECUTE PAGE 4 S TO FUNE AFTER DE BALTIMO!		EXAMINER'S NAME (ITYPE OR PRINT) Gregory Kauffman, M.D. ADDRESS 111 Penn St., Baltimore 212									
	524548 _	23a.8	URIAL, CREMATION, REMOVAL	23h DATE	23c. NAME OF CEMETERY	OR CREMATORY 23d	LOCATION CITY OR TOWN	COUNTY STATE				
07/84	BP		RIAL	6-14-86	ARBUTUS		ARBUTUS	MARYT AND				
25M	DHMH - 17		JNERAL DIRECTOR	ADDRESS		25a. DATE REC'D		RAR'S SIGNATURE				
	(VR A15 ME (5))	WM	"C" MARCH FUNERA	I HOME INC	C. 1101 E.NORTH	AVE JUN 1	3 1986 Freha De	endron Handall				



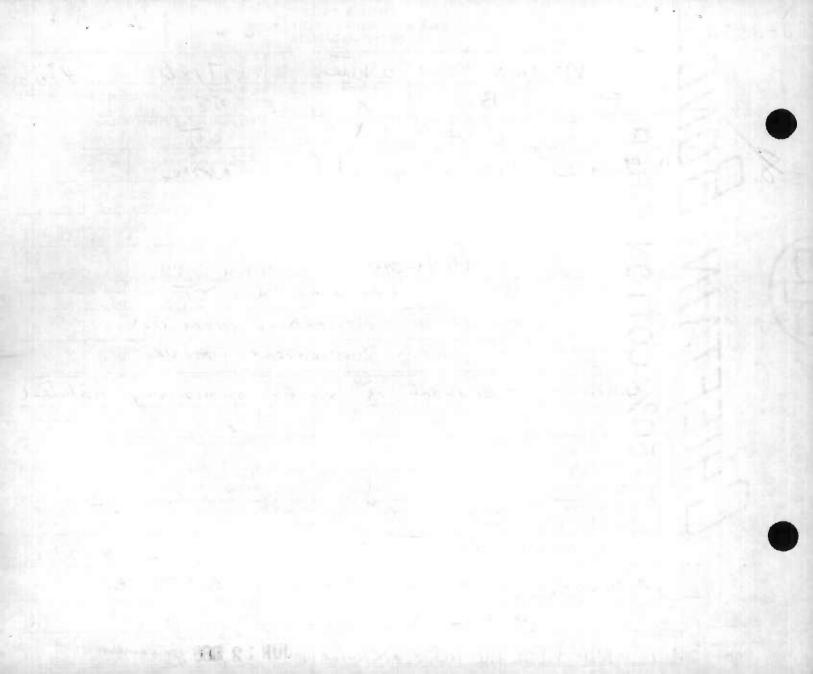
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	-
	U
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Puge 4 may be continued by the honoral and applications about the honoral and the hon	9
consider the state of the state	2
IO FUNEKAL DIRECTOR. Atter this certificate hos been signed by the ottending physician and amount by the tuneral director page 3 shauld be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages	2
with the State Dept. af Health and Mental Hygiene priar ta burial, cremation, or removal.	(1)
IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner must be multi-ular-logice.	}
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(VRA 15, 4)

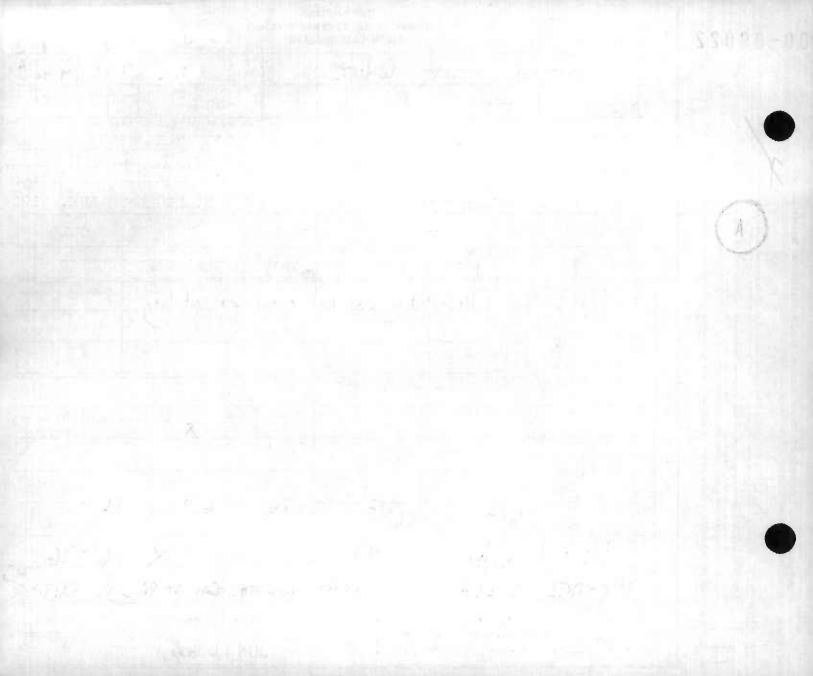
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at Hear		220.1 certify that XII (this haspital) attended the deceased from June 6 , 19 86 to June 7 , 19 86, that (Kine) last saw the deceased alive an June 7 19 86 and that in (Rev) (aur) apinion death accurred an the date and hour and from the causes stated above. XII (we) (did) (dix xix view the body after death)									
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s <u>&lt;</u>	230. E	URIAL, CREMATION, REMOVA SPECIFY) Burial	23b DATE 6/11/8			idge Cemetery			COUNTY	MD	
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May 21 King State Column

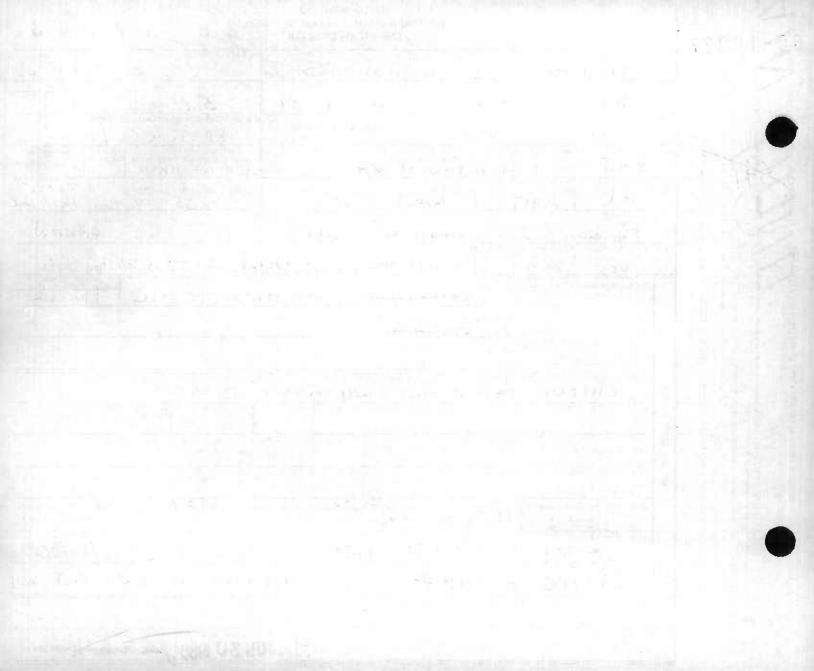
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6  1 - STATE REGISTRAR  1. DECEASED NAME (IMPEORPRINT)  20. DATE OF DEATH  REG. NO  3. SEX  4. RACE  5. DATE OF BIRTH MONTH DAY VEAR MONTHS DAY  9. BALTIMORE CITY OR COUNTY OF DEATH	430n
1. DECEASED NAME FIRST MIDDLE LAST LAST GO DATE OF DEATH MONTH DAY YEAR OF THE STREET	430n
1 (TYPE OR PRINT) Virginia While 6,77,86  3. SEX F RACE B  5. DATE OF BIRTH MONTH DAY YEAR 28 58 YRS  (TYPE OR PRINT)  Virginia  1 FUNDER 1 YE MONTHS DAY YEAR 28 58 YRS	430n
B MONTH 6 DAY 19 YEAR 28 58 YRS MONTHS DAY	4 PM
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MARRIED NEVER MARRIED A NEVER MARRIED	
Maryland OFT WIDOWED DNORCED [] eug	
10 CITY OR TOWN OF DEATH Baltimore  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTRUCTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  LUTHORAN HOSPITAL (IPPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR	O OF BUSINESS
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	21223
Maryland Ballymore YESAR NO 223 W. Levingto	
14 FATHER'S NAME IS MOTHER'S MAIDEN NAME	
Richaed Middlodon Rosa Leemble Fo	ORD
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
215-24-0430 Johnnie White 2223W. Lexi	natan
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DUE TO, OR AS A CONSEQUENCE OF MYOCARDIA INFRACTION  Conditions, if ony, which	
gave rise to immediate	
couse (a), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF RESPIRATORY FAILURE	
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270   certify that (1) (this hospital) attended the deceased from 19 80 to 6/7 19	that (I) (we) I
sow the deceased alive an obove, (I) (we) (did) (did not) view the body after death.	he couses stated
226. SIGNAPURE 1210. DEGREE 2	TE SIGNED,
Altending Medical Staff	17/4
22d PHYSICIAN'S NAME (Type Company)	/ / 0
10 - 7.0 h 2	
PHYSICIAN DIRECTOR PHYSICIAN DIR	
of of the state of	
230. BURIAL, CREMATION, REMOVAL 230. DATE 230. NAME OF CEMETERY OR CREMATORY 230. LOCATION CITY OF TOWN	State
230. BURIAL, CREMATION, REMOVAL 2336. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION	ATURE ATURE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-09022 CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH LIVPE OR PRINTS WOODROW WILSON 1986 June 7. poge 3 SEX 12 1913 WHITE FEB. 73 MALE 70 BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY U.S.A. BALTIMORE CITY DELAWARE WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR BETH. MERCY HOSPITAL GEN. FOREMAN BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 136 COUNTY 13c. CITY OR TOWN 13. STREET APPRESS, A B CODE AND AVE. 21224 13d INSIDE CITY LIMITS? BALTIMORE MD 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME ANDOLLA MIDDLE SAMUEL TALITHA TULL WHITE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LIFYES GIVE WAR OR DATEST (WIFE) SAME ADDRESS 218-09-2538 BETTY WHITE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY carcinena Gat cell DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS. CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET, FACTORY OFFICE FARM, ETC ! STREET NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an , and that in (my) (aur) apinion death occurred on the date and hour and fram the causes stated above, (1) (we) (did) (did not) view to body after death 226 SIGN DEGREE 220 DIATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN ORTANT 22e ADDRESS th the 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE BURIAL BALTTMORE MI 6/10/86 BP OAK LAWN 24 FUNERAL HOME INC. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Brehms Lane, Balto. Md. (VRA 15, 4)



	1			STATE OF MARYLAND			
	1.	FOR STATE	DEPAR	MENT OF HEALTH AND MENTAL HYG	SIENE 8 8	171	4 3
10-10927		REGISTRAR		CERTIFICATE OF DEATH	REG. NO		
• ω±		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
noy be poge 3	-	THOMAS		HITEHEAD, Jr		6 28 86	1 AM
offer p	3. SE		4 RACE	S. DATE OF BIRTH  MONTH DAY YEAR  10 19 29	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS	R IF UNDER 24 HRS
oge ilrect		MALE	BLACK		36	YRS.	
inerol d in 72 ho		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED LIVEVER MARRIED WIDOWED DIVORCED	BALT	CITY	MD.
4	10. C	BALT,	11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STRE  OCH RAUE		(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	OF BUSINESS OR
X 35	13a	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO INTY 136, CITY OR TO	WN_ 136. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE. WI HUD	21215 Hats Ave
	14. F	THOMAS	MIDDLE LAST WHITE	ST IS MOTHER'S MAIDEN NAME OF THE STATE OF T			y othe
MORE,		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEC		tehood 5		Hets
shirote b ficote b hysicion popers. navol.		PART I. DEATH WAS CAUSI IMMEDIA	DUE TO, OR AS A CONSEQ	WHOLY METAST	ATK OPT	APPRO BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST  NG PHYSICIAN: The low requires that the death certificated by sixteen that certificate has been signed by the attending pass the buriel-transit permit. Then please remove corbon the and Mental Hygiene prior to burial, cremation, or renorked at them 18 shaws any injury, or other traumatic events.		Canditions, if any, which gave rise to immediate cause (al, stating the underlying couse lost.	DUE TO, OR AS A CONSEQ	STATIC  UENCE OF  DEATH BUT NOT RELATED TO THE TERM			
bs, sign sign to bury	Z	CHONICAN			DISCA		(a
AL RECOR	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
N OF VITA  SICIAN: TI ng physicic certificate urial-tronsit tental Hygin litem 18 sh		21g ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR  19	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
DIVISION  Offer this os the but the orthon or the dar or the orthon or th	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY LATHOME STREET, FACTORY, OFFICE		CITY OR TO	wn COUNTY	STATE
OR ATTENDI or hospital or DRECTOR: A oched for use Dept of Heal			ot) view the body after death.	DEGREE 19	, ta 6   2 7 death occurred on the da		, that (I) (we) last e causes stated E SIGNED
Al the the state of the state o		22d PHYS/CIAN'S NAME (1996	15. Hurg	ATTENDING PHYSICIAN [	MEDICAL STAF DIRECTOR PHYSIC	F / ///	8/86
TO HOSPIT, efoined by TO FUNER, should be dwith the Site		JOYCE		3400 000	CH KAUEN	BCV. K	BACT ZIZIS
BP		BURIAL, CREMATION, REMOVAI SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY altimore Nat Cemete	23d LOCATION CITY OR TOWN Baltim	COUNTY	STATE
DHMH - 16 60M 7/B4	24. F	JNERAL DIRECTOR		25a. DAT	E REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNA	TURE
//PA 15 4)		March Funeral	Home West 4300 1	Vabash Avenue	IN 3 0 1006	Grina Davidson	-Mandelle



ST	ATE	OF I	MAR	YLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

449	8	
13	- 6	3
-		EG. NO

20 DATE OF DEATH MONTH

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23	6.5
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	4

2b. HOUR

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	APC	

FOR - STATE

REGISTRAR

I. DECEASED NAME

ampletely filled in by the be 0 (VRA 15, 4)

220.1 certify that (1) (this hospital) attended the deceased from _ sow the decrased alignment of the body ofter death.

> 231. NAME OF CEMETERY OR CREMATORY Arbutus Memorial Pk.

DEGREE

ATTENDING PHYSICIAN

1900

Arbutus.

and that in (my (aur) ppinion death occurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

COUNTY Md.

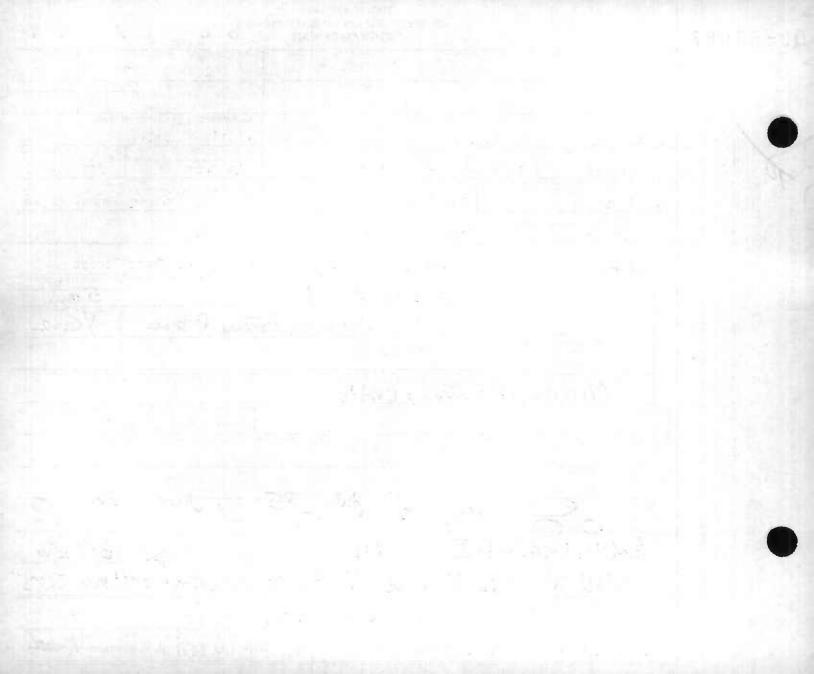
24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

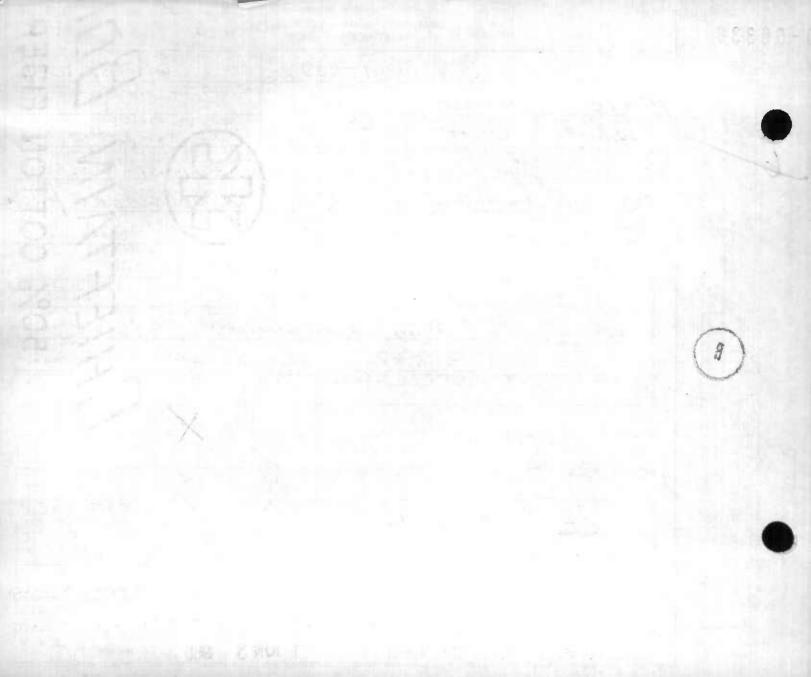
1101 E. North Ave. Wm. °C. March F/H

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATUR

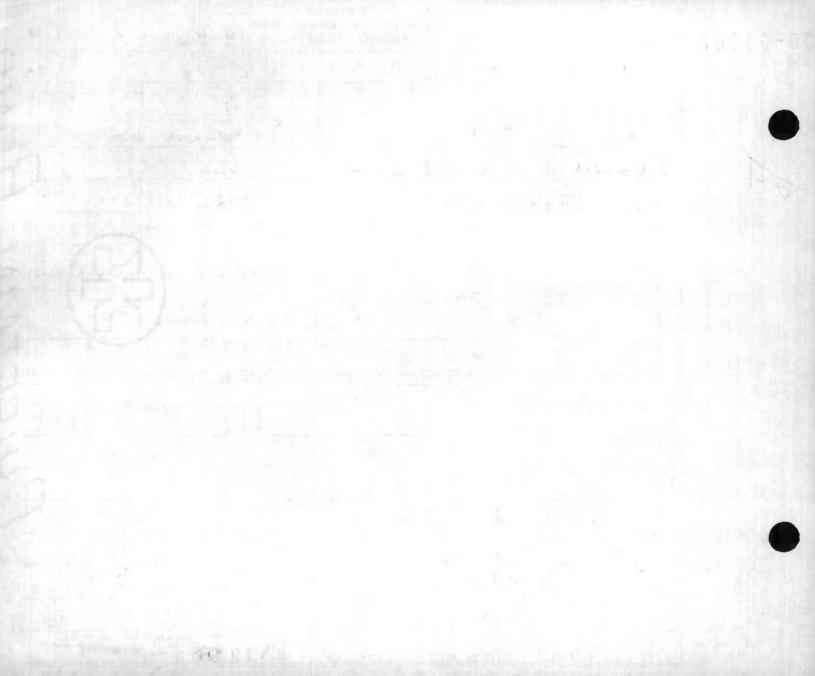
(TYPE OR PRINT) CHARLES WHITLEY June 6, 1986 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 12 00 85 Black 14 Male 70. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City, North Carolina WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Beth Steel 515 EAST CHASE STREET Laborer Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c. CITY OR TOWN 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 130-STREET ADDRESS / ZIP CODE 1515 East Chase Street 21213 Baltimore Maryland YES TX NOF 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE E. LAST Annie O'Neal Arthur 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS 17. INFORMANT (IF YES, GIVE WAR OR DATES) YES NO OR UNKNOWN Ellen Whitley 1515 E. Chase Street 213-07-1534 Unknown APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for 14), (b), and (c), PART I. DEATH WAS CAUSED BY mus IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Lonce 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DE ATH YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21L LOCATION 21e PLACE OF IN JURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET WHILE NOT WHILE

230 BURIAL, CREMATION, REMOVAL





		-		FOR	DEF		OF MARYLAND	PIPAIP		
1-09	307	7	1-	STATE REGISTRAR	DEF		EALTH AND MENTAL HYO ICATE OF DEATH	REG. N	- 1/	1 4 0
6+1				CEASED NAME FIRST	MIDDLE	11 5 6	AST		MONTH DAY	YEAR 26 HOUR
+ 4	200			William		Uhrtting		6-7-86		1.10 A _M
De 4 m	ra other		1. SE	m	A RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDE	ER TYEAR IF UNDER 21 HRS. DAYS HOURS MIN.
		5		ETHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIE	DI NEVER MARRIED A	BALTIMORE CITY O	R COUNTY OF DE	EATH MD:
nell	114	3	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME C		120 USUAL OCCUPATI (TYPE OF WORK FOR MOST OF PLACE OF	ON 12b.	KIND OF BUSINESS OR
241	The state of	5	13e.5	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	21725
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al-conta	Poges I	1	-	VAS DECEASED EVER IN U.S. AF	VE WAR OR DAYES	SECURITY NO.	17 INFORMANT	ADDRE	ESS	ep Road
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the low	hos been permit ere prior	9	FICAT	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING O	E FINDINGS USED CAUSES OF DEATH? NO
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HOSPITA furned by	O FUNERAL hould be deta ith the Store APORTANT: I	T		220 AYSICIAN'S NAME THE	1000	nr)	22e ADDRESS Soan	Lact Go	en- Ha	2.p.
BP_	13		-	URIAL, CREMATION, REMOVAL SPECIFY) BURIOU	6-13-86	CARRI		23d LOCATION CITY OF TOWN OWING N		Md.
	- 16 60M 7/ RA 15, 4)	B4		MERAL DIRECTOR  NAME  (Marc)	n Flytm 115	RESS N.F. MOR		TE REC'D. BY REGISTRAR	256. REGISTRAR'S S	SIGNATURE



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23c NAME OF CEMETERY OR CREMATORY

**ARBUTUS** 

BP DHMH - 16 60M 7/84 (VRA 15, 4)

WM. C. MARCH F/H INC. 1101 EAST NORTH AVENUE

6-30-86

23b. DATE

230 BURIAL, CREMATION, REMOVAL

BURIAL

24. FUNERAL DIRECTOR

23d LOCATION CITY OF TOW

ARBUTUS

MARYLAND 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

220 DATE SIGNED

YEAR

INDUSTRY

SMI TH

YES [

COUNTY

COUNTY

- p 614

26 HOUR

12h, KIND OF BUSINESS OR

21213

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

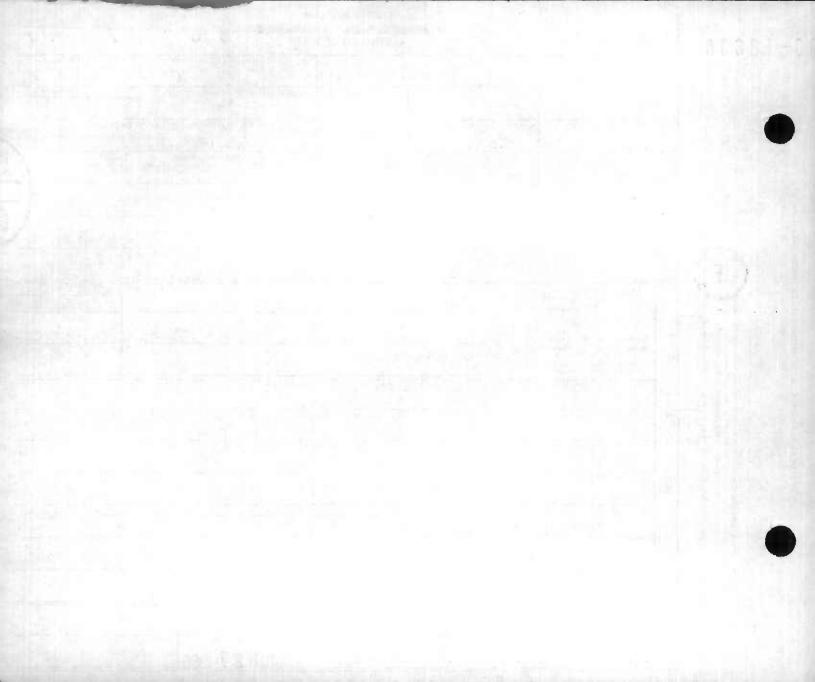
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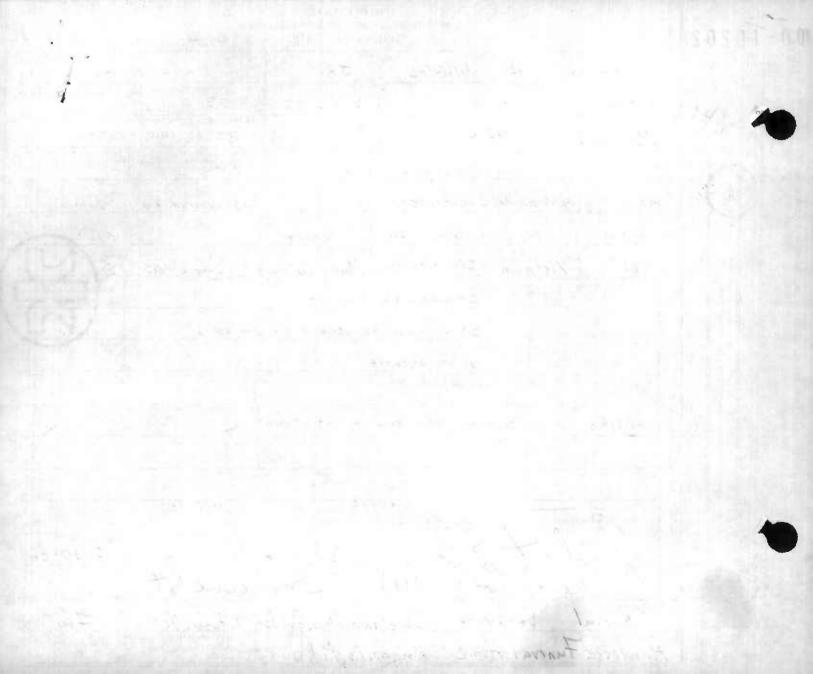
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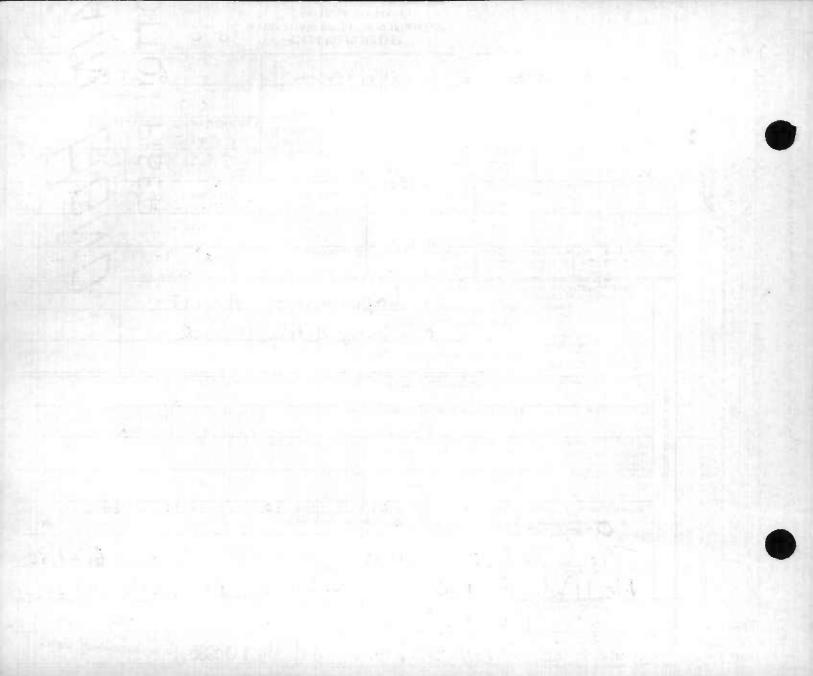


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE OF DEATH I. DECEASED NAME 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR VE AD BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH DEATON -IREM2n 13h COUNTY 130 STATE 13e.STREET ADDRESS / ZIP CODE mo IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME MARIA ADDRES: WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT GIVE WAR OR DATEST 18 CAUSE OF DEATH (Enter only one couse per line is PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO [ 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC 1 NOT WHILE 220 I certify that the (this hospital) attended the deceased fram and that in (my) (our) apinion death accurred on the date and hour and from the causes stated sow the deceased alive on_ above, who (we) (did) (dre not Tview the body ofter deat 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be der with the State 77e ADDRESS Deaton Hospital Med. Center, Balto., Md. 231 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Parkville, Balto. Co., Md 06/23/1986 Parkwood Cemetery 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 were stone pondeter Burgee-Henss Funeral Home, Balto. Md. 21211 (VRA 15, 4)

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1 11 1	10. C	ITY OR TOWN OF DEAT	н	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTION		2a USUAL OCCUPATION OF WORK FOR MOST CO		12b. KIND C		
S year	1_	BALTIMORE			GWYNNS FA		ARKWAY		CLERK		LIQUO	IR STO	JRE
hau.	USU 13a	AL RESIDENCE (IF NURSIN	36 COUNT		131. CITY OR TOW		13d. INSIDE CITY LIMIT	TS? 11:	Be STREET ADDRESS	ZIP CODE	119 GW	YNNS	FAL
22	MA	RYLAND	-	-	BALTIMOR		YES X NO		PARKWAY, B	ALTIMO	RE, MD	). 2	1216
4 1	14. F	ATHER'S NAME	AA II	DDIE	LAST		15. MOTHER'S MAIDEN	NNAME	WIGDLE		LA!	67	
B 200	)	HERBERT			WILKERSC	IN	GEORG !	IA	Misott		FLEETW		
es es		WAS DECEASED EVER IN		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		3119 GWY	nns Fa	lls Pa	rkwa	V
n and Page		Yes	WW	II	218-18-2	080	Georgia Wh	hite					
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rbe ding		"	TUTLEDIATE		R AS A CONSEQUI	NCE OF		0					
death ave ca tran, c		Conditions, if any,	which	( (b)		1 ona	us Arte	N.	Nicease				
he o emo emo		gave rise to imme cause (a), stating	ediate	101			0	0					
by t by t Se r C, cre		underlying cause	lost.	(5)	OR AS A CONSEQUE	INCE OF							
aned n plea	1	PART 2 OTHER SIGNI	FICANT CO	NDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE	TERMIN	AL DISEASE OR CON	DITION GIVE	N IN PART 1	o ·	
requent signal and sig	CERTIFICATION												
S on Print	\S	190. DATE OF OPERATE	ON	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDING CAUSES	NGS USED	) H?
The rian.	l li	18 G0 11 11							YES NO	YES		NO [	_
IYSICIAN: T ding physici is certificate burial-transi Mental Hygi		OR CONTRIBUTING CA		HOUR A	DFINJURY M. MONTH DA	YEAR	21c HOW INJURY OC	CCURRE	O (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT I OR PART 2)		
SICIA certification in the minimum of the minimum o	N S	(IF EITHER NOTIFY MEDICA			:M.	19							
PHYSIC ending this cert te burial ad Mente	MEDICAL	214 INJURY OCCURRE	D		OF INJURY	ARM ETC )	211 LOCATION STREET		CITY OR TO	)WN	COUNTY	5	TATE
offe after the standard of the	2	AT WORK NOT WHILE									2.5		
LOIN Lose of All		22a L certify that (1) (1	this hospita	l) attended to		61	2, 19	85	_, to	5	9.86	that (I) (v	we) last
ATTENI Spital CTOR: d for us	13	saw the eceased abave (1) we) (did	d dive on	view the bady	atter death	86_, or	d that in (my) (aur) ap	oinian de	ath accurred on the d	ate and hour	and from the	causes str	ated
S d S d d		226. SIGNATURE	2	20		۸۱	DEGREE				22c. DATE	SIGNED	- /
- E - E - E - E		1 last	1	adea.	th	mi	ATTENDIN PHYSICIA	ING	MEDICAL STA	FF	6/	2918	36
HOSPITAL med by the FUNERAL uld be determined for the Store		224 PHYSICIAN'S NA	ME (TYPE OR P	PRINT)			22e ADDRESS			- 11	1 (0)	0	
7 . 5 . 5 . 6		Neit	ada	ott	mo		2256	rees	re 8t	Balto	mo	121	201
Sho To	23a	BURIAL, CREMATION, R	EMOVAL	236 DATE	230	NAME OF C	EMETERY OR CREMATO	ORY	23d LOCATION		_		
BP		(SPECIFY) Buria			1986 Gar	rison	Forest Vet	tera	CITY OR TOWN	Balt	imore,	Mar	y IAN
	24 F	WERTERCIAR SC	INS FU						REC'D. BY REGISTRAR	256 REGISTR	AR'S SIGNA	URE DU	
DHMH - 16 60M 7/84 (VRA 15, 4)		O1 GWYNNS F					21216	JUI	1 0 1986	who was	Hacov-17	nd Brothers	
						,		~ ~ box					



FOR STATE

## STATE OF MARYLAND

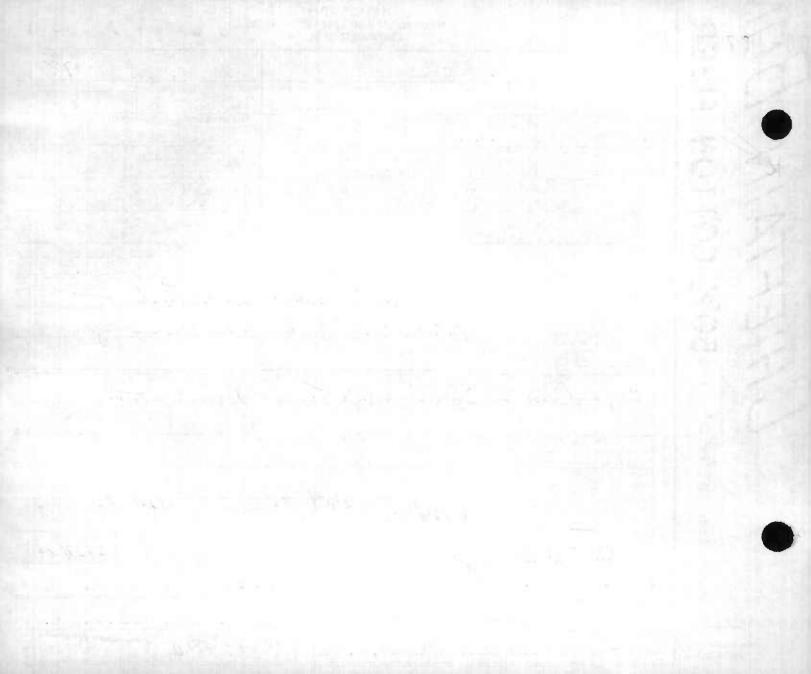
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	6	-	1	
	REG. NO.			

REGISTRAR				CERTII	TCATE OF DEATH	REG. N	O.		
I. DECEASED NAME	FIRS1	۸	VIDDIE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	Louis		Willet			June 26			7" PM
3. SEX		4 RACE		5. DATE (		6 AGE (IN YEARS LAST BIR	MON1	HS DAYS	IF UNDER 24 HRS
Male		Whit			mber 27, 1895	90	YRS		
70. BIRTHPLACE (STATE			WHAT COUNTRY	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF	DEATH	
Pennsylvan		U.S.		WIDOW	ED DIVORCED		nore Cit	У	MD
Baltimore	DEATH	(IF NOT IN SUC	HOSPITAL, NURSII H FACILITY, GIVE STREET Village	T ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Machines		26. KIND OI NDUSTRY Mill	F BUSINESS OR
VISITAL RESIDENCE UE	NURSING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	ng nome			11111	L
Maryland	136 COUI	NIY	Baltin	VN	13d INSIDE CITY LIMITS? YES NO	5837 Belai	r Road	21	206
14 FATHER'S NAME FIRST Willia	т Т	Willet	LAST		15 MOTHER'S MAIDEN NAM	ME		LAST	1
M. A. A. DECCAROR C	15 B 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		166 SOCIAL SEC	URITY NO	17 INFORMANT	ADDRI	SS 01 F		04064
LYES NO OR UNKNOWN	(IF YES GIV	VE WAR OR DATES)	215 07 6		Mrs. James Ba		Woodlea		
18 CAUSE OF DE PART I. DEATI	ATH (Enter or	nly one couse per	line far (a), (b), ar	nd ici	+100	11 01	1		MATE INTERVAL ONSET AND DEATH
Service State	IMMEDIA	TE CAUSE (a)		pa	to cerebral	Vascular !	Carribosi	-	
A A STATE		DUE TO, OF	AS A CONSEQU	ENCE 98	10	00	-		
Conditions, if a		(b)_	allerio	reles	our Cerchon	scular De	sur	your	
couse 101, st		DUE TO, OR	AS A CONSEQU	ENCE OF			33-35-4		
		(c)							
PART 2. OTHER S	IGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART Ira	
190 DATE OF OPE	RATION	19h CONDI	June	mul	light parsient	Schemie	altech	-	
EC LANGE OF CHE	KATION	198 CONDI	TION FOR WHICH	OPERATIO	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING	CAUSES	GS USED OF DEATH?
210. ACCIDENT WAS		7			1	YES NO	YES [		NO 🗆
		216. TIME OF HOUR A.A	A. MONTH D	AY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 21	
(IF EITHER NOTIFY				19					
OR CONTRIBUTING		21e PLACE C	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
WHILE NO	WORK -				I del as		,1,1	0.1	
		ital) attended the	deceased fram-	(1)	2//1 1988	, ta	6/26/19_	86 . 1	hot (I) (we) last
saw the dec	eased alive an	ot) view the bady o	ofter death	8 6 , ar	nd that in (my) (our) apinian o	death accurred an the de	ate and how and	from the c	causes stated
226 SIGNATURE	- 11	0 1			DEGREE			22c. DATE S	SIGNED
Albu	(1)	Drastle	~	/	M B ATTENDING PHYSICIAN	MEDICAL STAI		6/2	1/86
22d PHYSICIAN'S					22e ADDRESS				
DE. A	Tbert 1	B. Bradl	ey		4900 Belair	Road, Bal	Ltimore,	Md.	
230 BURIAL, CREMATIC	N, REMOVAL				EMETERY OR CREMATORY	23d LOCATION			,
Bürial		06/30/	Sp   Lo	rraine	e Park Cemeter	y Woodlawr	, Balto	.Co.,	Md. SYATE
24 FUNERAL DIRECTOR		7	200 ADMON		25a. PAT	REED BY PEGERAR	256 REGISTRAR	SSIGNATE	mple lite
Burgee-Hen	ss rune	eral Home	e, Baltin	more,	/d.21211	1300			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



STATE OF MARYLAND

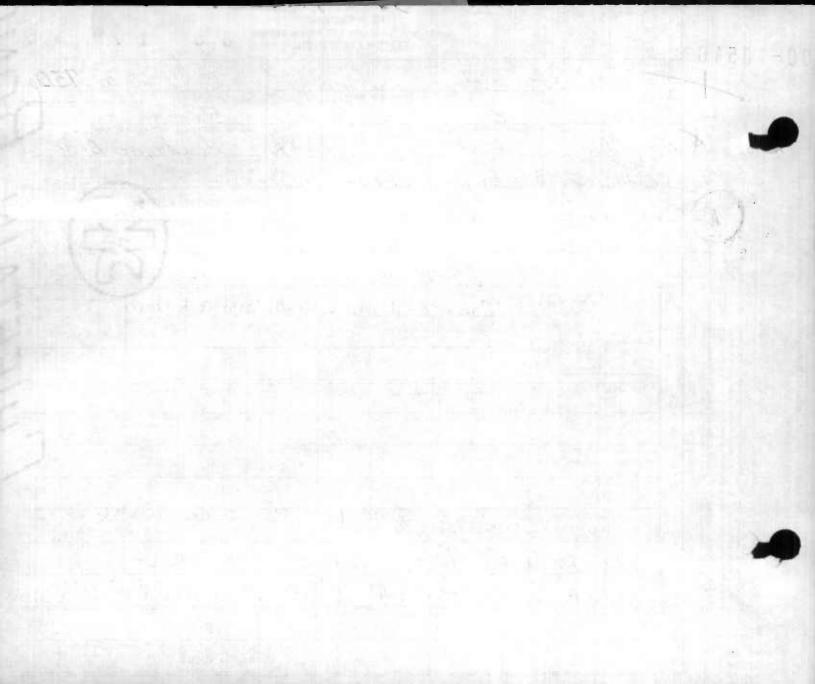
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8	REG. NO.	1	/	1	5	di.
	REG. NO.					

	1-	FOR STATE REGISTRAR	DEP	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH						
		CEASED NAME FIRST Charles	RACE B	W MU		20. DATE OF DEATH  6. AGE (IN YEARS LAST BIRT	MONTH OAY HOAY) IF UN MONTH	YEAR 26 H	DEP 24 HRS	
2		RTHPLACE (STATE OR FOREIGN 71	CITIZEN OF WHAT COUN	MARRIE	DEVERMARRIED -	9. BALTIMORE CITY O		DEATH	MD	
	Bo	Himore	futhe			120 USDAT OCCUPATION OF THE PROPERTY OF THE PR		P. KIND OF BUS NDUSTRY		
5	13a. S	RESIDENCE (IF NURSING HOME OR O		BEFORE ADMISSION) TOWN	13d INSIDECITY LIMITS? YES NO 1	130.STREET ADDRESS	ZIP CODE	- Drive	1216	
Y	CH	varies M	F. Wil	Tians	Hazel	MIDDLE .		Mead	205	
,		VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) (IF YES, GIVE )	WAR OR DATES) 166 SOCIAL 216-2	SECURITY NO. 20-4536	Dorothy M.	Williams ADDRE	SS		1/4	
	NC	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)	SEOUENCE OF	NOT RELATED TO THE TERA	MINAL DISEASE OR CONE	DITION GIVEN I	N PART I (o		
i	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	RE FINDINGS U	SED EATH?	
/	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED  LE NOT HILL AT WORK  22e 1 certify that (1) (this hospital sow the deceased alive on above, (1) (we) (did) [did not) 22b. SIGNATURE  22d. PHYSICIAN'S N. ME. TEEOR.	P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, C	rom 6	21c. HOW INJURY OCCUR 21f LOCATION STREET  19 10t that in (my) (our) opinion DEGREE 1TENDING HYSICIAN [ 22e ADDRESS	CITY OR TO	te and hour and	COUNTY , that (	STATE  (we) lost stated	
	23a. B	urial, cremation, removal specify Burial	6/11/86		ew Memorial Pa	23d LOCATION Clationsv	ille co	UNTY	MD	

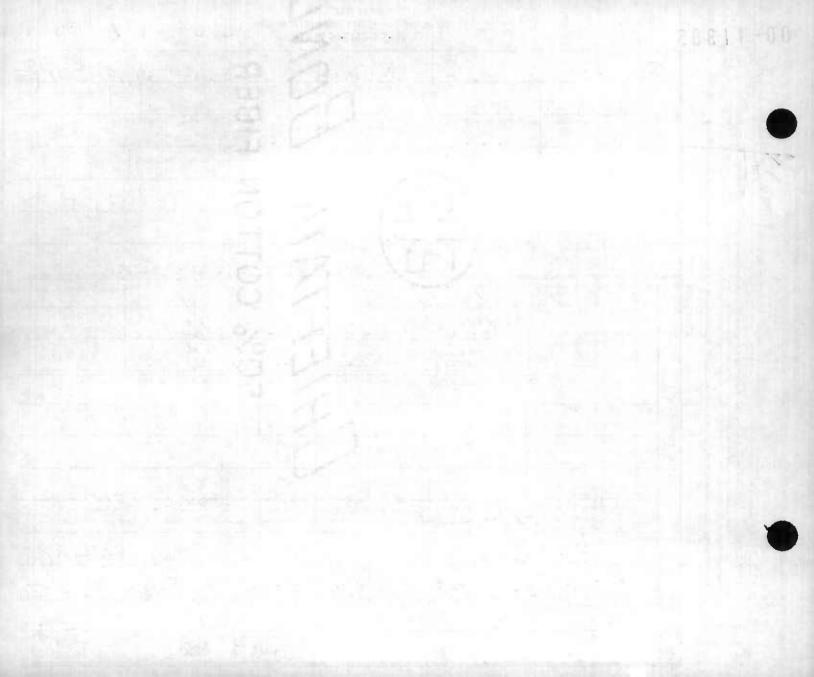
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March Funeral Home West 4300 Wabash Avenue

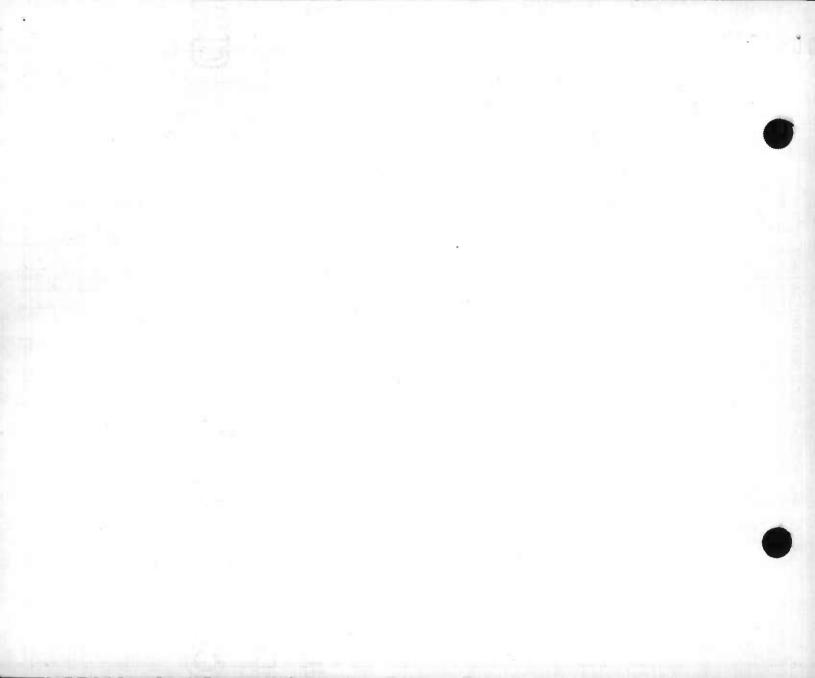
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		(	Cert. amended by	y M.E. 9/3/86	dad STAT	OF MARYLAND	PMP			cod.
		STATE REGISTRAR	VEP	CERTIF	ICATE OF DEATH	REG. NO.	1	/ 1	5 4	
1. DECEASED NAME			CEASED NAME FIRST	MIDDLE	L	AST		ONTH DA	Y YEAR	2b HOUR
9	poge 3 er death		FORGE	Δ	(1).	linus	June	29	1986	110
moy pog		3. SEX		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)		UNDER I YEAR	IF UNDER 24 LRS. HOURS MIN.
4	of a		Male	Black	MONTH 4	18 57	29	YRS		HOURS MIN.
<b>9</b>	Page 100	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY	OF DEATH	
			laryland	U.S.A.	WIDOWE	D DIVORCED	BALTIMORE			MD.
VIII	11 (3)	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)		120 USUAL OCCUPATIO		126 KIND O INDUSTRY	F BUSINESS OR
KIL	11 10		ALTIMORE /	DEATON MEDI	CAL CEN	ΓER	Baker			
1	10 10 P		AL RESIDENCE LIF MURSING HOME OR TATE RECOUN	ITY 13t. CITY OR	NWOT	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / 2			01.7
		Ma	iryland I	Balti	ımore	YES X NO THER'S MAIDEN NAMED IN NAMED I	1823 Baker	Stree	et 217	217
~	12		FIRST	MIDDLE LAS		FIRST	WIDDLE		Car	
1950	100	160 V	Charles vas deceased ever in u.s. ar/	Willian MED FORCES? 166 SOCIAL	SECURITY NO.	Cora 17 INFORMANT	ADDRES	S	Car	ter
ž š	rs. Poges	(	YES NOOR UNKNOWN) (IF YES, GIVE	E WAR OR DATES)	52-9942	Cora Williams	s 1823 Rake	r Stre	ab+	
te be	00- 5		18 CAUSE OF DEATH Enter on			TCOT a WITTIAM.	3 1023 Dake	3010		MATE INTERVAL ONSET AND DEATH
i fico	g physicion poper removol.		PART I. DEATH WAS CAUSED	E CAUSE (a)						
S de la		7	8501		SEQUENCE OF	S. A. D. A.			1.7%	
deot	the atten remove c emotion, er troume		Canditions, if any, which	( b) orea 2	D aneg	4 200 /6	copather			
the the			gove rise to immediate cause (a), stating the	DUE TO, OF AS A CONS	SEQUENCE OF	1 40	001			
thot	000 2		underlying cause last.	( O) Ureig	600	sologe li	asoil			
duires	os been signe bermit. Then p ne prior to bur ws any injury, i	Z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	TION GIVE	N IN PART 1:	0
3		CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
ne lo		TIFIC		A SECTION OF			YES NOT	IN CERTIFYI	ING CAUSES	OF DEATH?
Z II	certificate h irial-transit p ental Hygier Item 18 shov		210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	A DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PAR	PT I OR PART 2)	
SICIA 19 Ph	Sociality Mental	CAL	OR CONTRIBUTING CAUSE OF DEA	in -	19	Cert, appro	ved by Dr. A	Dix	on M	E
	o A M	MEDICAL	214 INJURY OCCURRED	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE FARM, ETC.)	211 LOCATION X X	CITY OR TOW		COUNTY	STATE
D 2 6	F + 0	-	AT WORK AT WORK		-0	81	97.		50	
Z o	OR. After use as Health is mort		22a L certify that (I) (this haspit	-012	CFF	nd that in (my) (aur) apinion	dooth councide the dead	11	123	that (1) (we) last
R 4 TEN	DIRECTOR ached for us Dept of He If Hem 21 is		saw the deceased alive an abave, (1) (we) (did) (did no 22b SIGNATUR	viewthy body after death.		DEGREE	dediti decorreazion me dan	, and moor c	22c. DATE	
he of	_a en 60	13	IN SIGNATURE	8 1		ATTENDING	MEDICAL STAFF	. (77)	6/2	101
PITA	FUNERAL uld be deto to the State ORTANT: 1		22d PHYSICIAN'S NAME THE	THINIT .		PHYSICIAN [	DIRECTOR PHYSICIA	N	10/5	0/06
			UJ.W.Z	EED MI	2	K115. 04	x 57. 7	3917	x. M.	72/72X
of reto	O de MA	230 E	SURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	- Family		20
BP_		1	BÜRIAL	7/7/86	Garris	on Forest VA	Owings Mi	lls,	COUNTY	Md.
DHMH -	16 60M 7/84		INEPA DIRECTOR	ADD	RESS	250 DAI	E REC'D BY REGISTRAR 25	b. REGISTRA	AR'S SIGNAT	URESINGUE
	RA 15, 4)	Ma	irch Funeral Hon	nes 1101 East	North A	venue	OF S 1800	1		



19648	1-	FOR STATE REGISTRAR	DEP	RTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 6	D	7 1	5 5
, , , , ,	I. DEC	EASED NAME FIRST	MIDDLE	LAST		MONTH DAY	YEAR	2b. HOUR
3 7 E	(TYPE C	HENRY	1 7	WILLIAMS	()	614	86	300
Ap dod	# SEX		RACE	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 P
1 1 to 1	JEA	m	BLK	MONTH ZO OZ	83	YRS.	THS DAYS	HOURS M
272 hot		THPLACE (STATE OR FOREIGN 71	CITIZEN OF WHAT COUNT	MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	Bald Bald	a county of	FDEATH	
by the for	10 CIT	Balt at	1. NAME OF HOSPITAL, NU	RSING HOME OF OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF RALPEAD)	ON F WORKING LIFE)	12h. KIND OF INDUSTRY	BUSINESS
A place of the second	USUA 13e S	L RESIDENCE IN NURSING HOME OR O ATE 136 COUNT	Y IBCITY OR	REFORE ADMISSION) TOWN 13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS 2902 SPRI	ing H	u A	15 21
de la constante de la constant	14 FA	HER'S NAME FIRST MI	DDLE N. LAST	ams Sr Haraare			Rich	bow
and co	16a W	AS DECEASED EVER IN U.S. ARM S, NO OR UNKNOWN)   1/6 YES, GIVE W	ED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	Johnson 29	102 Sn	roch	11 1
e death certil e attending p emove corbon violan, or rem		Canditions, if any, which gave rise to immediate	DUE TO, OR AS A CONS	Hemes Disease				
requires that the death certilities in upped by the attending p. I then please remove corbon or to burnot, cremotion, or remy injury, as other traumatic ex-	TION	Canditions, if any, which gave rise to immediate cause ial, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  DUDITIONS CONTRIBUTING	EQUENCE OF DM				
The law cequires that the death certilians has been ugned by the attending pit permit. Then please remove corbon rene prior to burnot, cremotion, or remove corp injury, as other traumatic ex-	TIFICATION	Canditions, if any, which gave rise to immediate cause ial, stating the underlying cause lost.	DUE TO, OR AS A CONS  (b)	EQUENCE OF DM  TO DEATH BUT NOT RELATED TO THE TERM  HICH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYII YES	VERE FINDIN	GS USED
ICIAN: The law requires that the death certil a physician enticate has been vigned by the attending p all-rownt permit than please remore corbon notal Hygiene prior to burios', cremation, or rem em 18 shows any mjury, or other traumatic ex-	AL CERTIFICATION	Canditions, if any, which gave rise to immediate cause ial, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  DUDITIONS CONTRIBUTING  196 CONDITION FOR WI	EQUENCE OF DM  TO DEATH BUT NOT RELATED TO THE TERM  HICH OPERATION WAS PERFORMED  210 HOW INJURY OCCUR	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYII YES	VERE FINDIN	GS USED OF DEATH
AG PHETSICIAN: The law requires that the death certil oftending physician. The law undered by the attending pt the this certificate has been vigned by the attending pt the build-training permit Then please remove carbon is and Mental Hygiere prior to buriot, cremation, or remarked or them 18 shows any injury, as after traumatic evided or them 18 shows any injury, as after traumatic evided or them 18 shows any injury.	₹ J	Canditians, if any, which gave rise to immediate cause in stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  DUDITIONS CONTRIBUTING  196 CONDITION FOR WITH  216 TIME OF INJURY  HOUR A.M. MONTH	TO DEATH BUT NOT RELATED TO THE TERM HICH OPERATION WAS PERFORMED  DAY YEAR 19 211 LOCATION	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYII YES   RY IN ITEM 18, PART	VERE FINDIN	GS USED OF DEATH NO
UTENDING PHYSICIAN: The law requires that the death certitional or attending physician.  CIOR: After this certificate has been signed by the attending potential or one to the burial-trainit permit then please remore corbon of Health and Mental Hygiene prior to burial, cremation, or remore or the analysis of the signed or them 18 shows any injury, or other traumshir exit.	MEDICAL	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATILIFETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  DUE TO, OR AS A CONS	EQUENCE OF DM  TO DEATH BUT NOT RELATED TO THE TERM HICH OPERATION WAS PERFORMED  DAY YEAR  19  FICE, FARM, ETC.]  211 LOCATION STREET  am  And that in (my) (our) apinion	YES NO NO CITY OR TOW	20b IF YES, VIN CERTIFYII YES RY IN ITEM 18, PART	OUNTY	GS USED OF DEATH: NO  STATI
the helphal or attending plants certified to the burners certified to use on the burners of beginning them 21 is marked or term	MEDICAL	Canditions, if any, which gave rise to immediate cause in), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO.  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATI IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER  22a. I certify that (I) (this haspite saw the deceased alive an above (I) (ye) (did) (did not)  22b. SIGNIFURE	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  DUE TO, OR AS A CONS	EQUENCE OF DM  TO DEATH BUT NOT RELATED TO THE TERM HICH OPERATION WAS PERFORMED  DAY YEAR 19  ZII LOCATION STREET  TO 19  DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR TOW CITY OR TOW death occurred an the do	20b. IF YES, VIN CERTIFYII YES   RY IN ITEM 18, PART	VERE FIND IN NG CAUSES 1 OR PART 2]	GS USED OF DEATH NO STAT
ITAL OF ATTENDING PHYSICIA by the helpital or attending pi RAL DIRECTOR. After this certifi- defaulted for use on the burnal- state Days of Health and Mental NT. If tem 21 is marked or tem	MEDICAL	Canditions, if any, which gave rise to immediate cause in stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO.  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATINE THE EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22d. I certify that (1) (this haspite saw the deceased alive an above (1) (we) (did) (did not)  22b. SIGNATURE	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  DUE TO, OR AS A CONS	EQUENCE OF DM  TO DEATH BUT NOT RELATED TO THE TERM HICH OPERATION WAS PERFORMED  DAY YEAR 19 211 LOCATION STREET  OM 19 19 19 19 19 19 DEGREE ATTENDING	200 AUTOPSY? YES NO CITY OR TOW CITY OR TOW death occurred an the do	20b. IF YES, VIN CERTIFYII YES   RY IN ITEM 18, PART	OUNTY  OF PART 2  COUNTY  1 OF PART 2  COUNTY	GS USED OF DEATH: NO  STATI
HOSPITAL OF ATTENDENCE PHYSICIA ned by the hospital or estimating pi FUNERAL DIRECTOR After this certif uid be detached for use on the burnol- h the State Degit of Health and Mental ORTANT If them 21 is marked or them	WEDICAL	Conditions, if any, which gave rise to immediate cause in), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATI IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHITE NOT WHITE AT WORK  220.1 certify that (1) (this haspite saw the deceased alive and above (4) (we) (did) (did not)  221. SIGNIFIURE	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  DIDITIONS CONTRIBUTING  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21b PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	EQUENCE OF DM  TO DEATH BUT NOT RELATED TO THE TERM HICH OPERATION WAS PERFORMED  DAY YEAR  19  FICE, FARM, ETC.  211 LOCATION STREET  TO DEGREE  ATTENDING PHYSICIAN  220 ADDRESS	200 AUTOPSY? YES NO CITY OR TOW CITY OR TOW death occurred an the do	20% IF YES, VIN CERTIFYIN YES   RY IN ITEM 18, PART  WN  20% 19  ate and have a	OUNTY  OF PART 2  COUNTY  1 OF PART 2  COUNTY	GS USED OF DEATH? NO STATE



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

86 17156

	REGISTRAR		CERTIFICATE OF DEATH			REG. NO.				
I. D	PECEASED NAME TZETT	A C	AMP W	WILLIAMS		20 DATE OF DEATH MON	TH DAY	AY YEAR 26 HOUR		
	IZETTA		(1)			June 9, 19		986 6:46pm		PM
3. S	EX	4 RACE		S. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)		IF UNDER LYEAR IF UNDER 24 HRS		HRS
1	Female	Negro		Jan. 19, 1933		53	YRS	DATS	HOURS	MIN.
7a	BIRTHPLACE ISTATE OR FOREIGN	WHAT COUNTRY? 8	NEVED		9 BALTIMORE CITY OR CO		EATH			
F. 1111	outh Carolina	USA	WIDO		VORCED	Baltimore Ci				MD.
1	Baltimore	Provi	HOSPITAL, NURSING HOA HEACILITY, GIVE STREET ADDRESS! <b>dent Hospita</b>	1	TITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORK  NEVER WORKED	PKING LIFE) IN	b. KIND OF IDUSTRY	BUSINESS	S OR
13a	UAL RESIDENCE (IF NURSING HOME O STATE 136 COU Maryland		GIVE RESIDENCE BEFORE ADMISSN 13c CITY OR TOWN Baltimore	13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS / ZIP 2030 Ruxton		21	215	
IA.	FATHER'S NAME FIRST  Grady	MIDDLE	Kamp, Sr.		S MAIDEN NA/ FRST annie	ME M.		LAST		
	WAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECURITY NO	D 17 INFORMA	INT	ADDRESS				Q E
	No	215-28-4293	215-28-4293 Grady Camp J			Jr. 152 Stonecroft Rd. 21229				
CERTIFICATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT	conditions co	RAS A CONSEQUENCE O	BUT NOT RELATED  M- BUSH	of Depar	dent	DN GIVEN IN		05.41550	
TIFIC	THE DATE OF GREATION	TION TOR WITHOUT OF ERA	HON WAS FERRE		CERTIFYING YES			?		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		M. MONTH DAY YE	AR 21c HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJURY IN I	IEM IB PART I C	OR PART 2)		
MEDICAL	214 IN JURY OCCURRED  WHITE NOT WHITE AT WORK	21e PLACE (	OF INJURY EET, FACTORY, OFFICE, FARM, ETC	211 LOCATR STREET	NO	CITY OR TOWN	c	OUNTY	STAT	TÉ
	220. I certify that (1) (this hosp sow the deceosed olive or abave, (1) (we) (did) (did no	5-9	19 86		(our) opinian o	deoth occurred on the dote a		from the co		
	DEGREE  M.O ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									
	PONTE D. VARGAS, ON 220 ADDRESS 4706 HORROND,								10.	2/21
23a	BURIAL, CREMATION, REMOVAL			F CEMETERY OR		23d LOCATION CITY OF TOWN	cou	INTY	STA	TE.
	Burial	6-17-	86 Arbut	us Memor			ltimon			
	FUNERAL DIRECTOR		A. T. ADDRESS.	2122	9 250 DATE	E REC'D. BY REGISTRAR 25b. F	REGISTRAR'S	SIGNATU	RE	
M	arshall W. Jones	s,Jr. FH	4101 Edmond	son Ave.		N 4 6 4000 J	0. P.	7	Daniel a Br	2_
						1000		4-40 Showing	1000	_

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR

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June 9, 1985 .: 0

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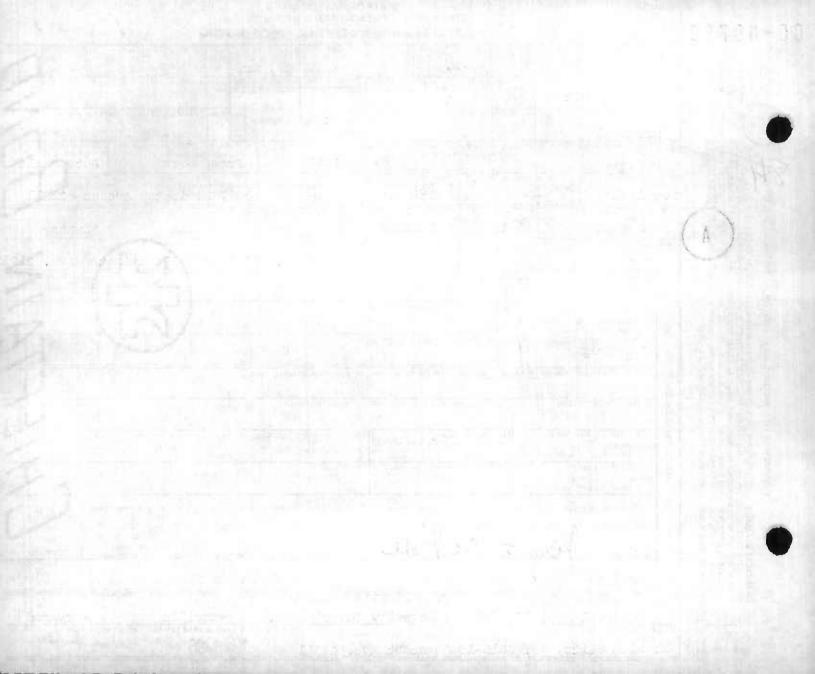
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215-2-46-3 In av CH Jr. 1,2 800 croft d. 2169

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-09788 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME 20 DATE KNOWN N MONTH TYPE OR PRINTS OF ESTI-JAMES L. DEATH MATED WILLIAMS . Sr. 6 16 19 86 4. RACE SEX 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR TE UNDER 24 HRS 2c. DATE 2d HOUR LAST BIRTHDAY PRONOLINCED 7:48 Am Male White 10 12 DEAD 20 65 19 86 16 74. BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED FOREIGN COUNTRY) USA Maryland WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH IT NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFES 21211 Frame Work 3037 Remington Ave. Automobile Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 3037 Remington Avenue 21211 YES X NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Williams Joseph Alvin Belle Swann Rosie 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS I LIF YES GIVE WAR OR DATEST Mary J. Williams 3037 Remington Ave. 2121 WW II 260-07-7440 ves CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Carcinoma of lung IMMEDIATE CAUSE (a) OR REMOVA DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate ED AS A BURIAL - TRA HEALTH AND MENTA AL, CREMATION, OR R cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X DEPARTMENT ( 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21d. INJURY OCCURRED 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE COUNTY WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE A SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 Inquiry X 220 I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinion Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 6-16-86 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23t. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 6/19/86 Lakeview Memorial Pk. Sykesville Maryland 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Julia Daydon Handelle (VR A15 ME (5)) A. Alan Seitz, Jr. 3615-19 Chestnut Ave. 2121

STATE OF MARYLAND



STATE OF MARYLAND



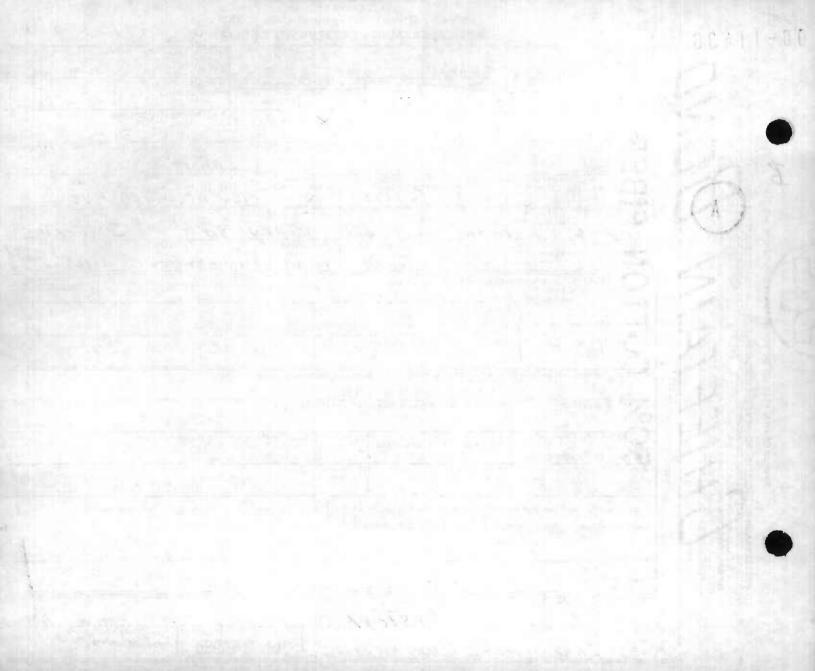
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	WER: THIS CERTIFICATE CATE, WRITING THE V FORWARDED TO THE OR: PAGE 3 SHOULD HE STATE DEPARTMED ND, 21201 PRIOR TO	200								5 Z SZ	-						
	NE SERVICE SER		22a. I certify	that I taa	k charge	af the remains d	escribed abo	ave, held an	Auta	osy XX	Inspection	n L.	Inquiry .	and in m	ny apıniar	1	
	EXAMINE CERTIFICA JID BE FO DIRECTOI WITH THI	1	death resulte	d from:	Natura	I causes XX	Accident	L. S	vicide	, Hamic	ide .	Undet	ermined manner				
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	HACHE.		ACTUAL SIGNATURE _	1140	Wor	20 11	rey	rell				+ 460	ICAL EXAMINER	D.	ATE IGNED	6-9-8	36
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	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, BAGE 4 SHOULD BE FORY, TO FUNERAL DIRECTOR; P AFTER DEATH, WITH THE SIS BALTIMORE, MARYLAND; 3	22- DI		'/						ADDRESS_							
	- mar-da	15	JRIAL, CREMAT	ION, REMC	JVAL 73b			NAME OF CE			УКҮ	Z3d. LC	OCATION		COUNTY		TATE
07/84 25M	BP		URIAL			6-13-86		GARRIS	ON FC				VING MIL				MD.
25M	DHMH - 17	24. FL	NERAL DIRECT	OR		ADDRE	SS				250. DATE F	REC'D. BY	REGISTRAR 256	REGISTRAI	R'S SIGN	ATURE	Allen .
	(VR A15 ME (5))	N		CH F	/H IN	NC. 1101		RTH AV	ENUE		1.10	INT	V 1986 A	was day	Midden's	- Bronn	
												All Address		The same	-966	HAT	MAP

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN XX MONTH YEAR 2b. HOUR (TYPE OR PRINT) ERAL DIRECTOR.

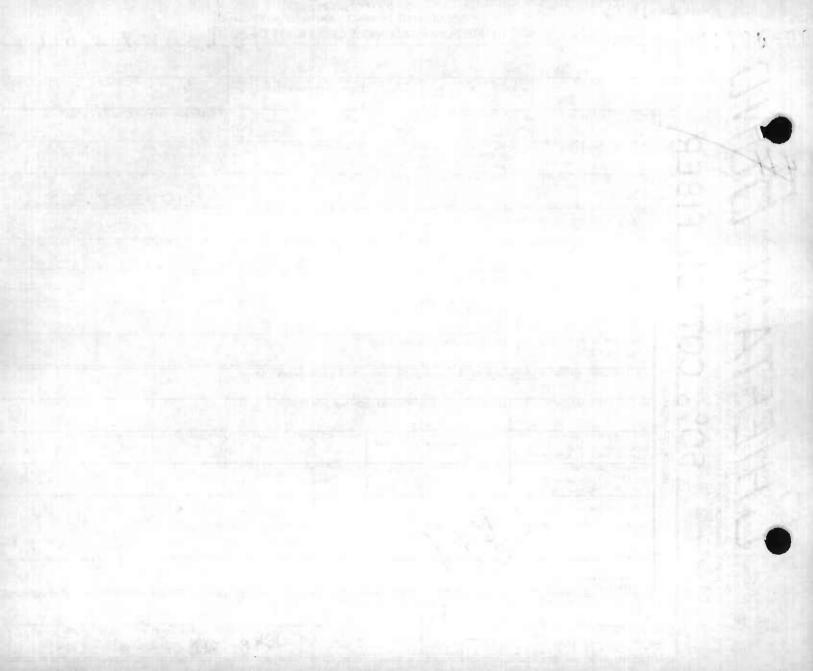
OR YOUR FILES.

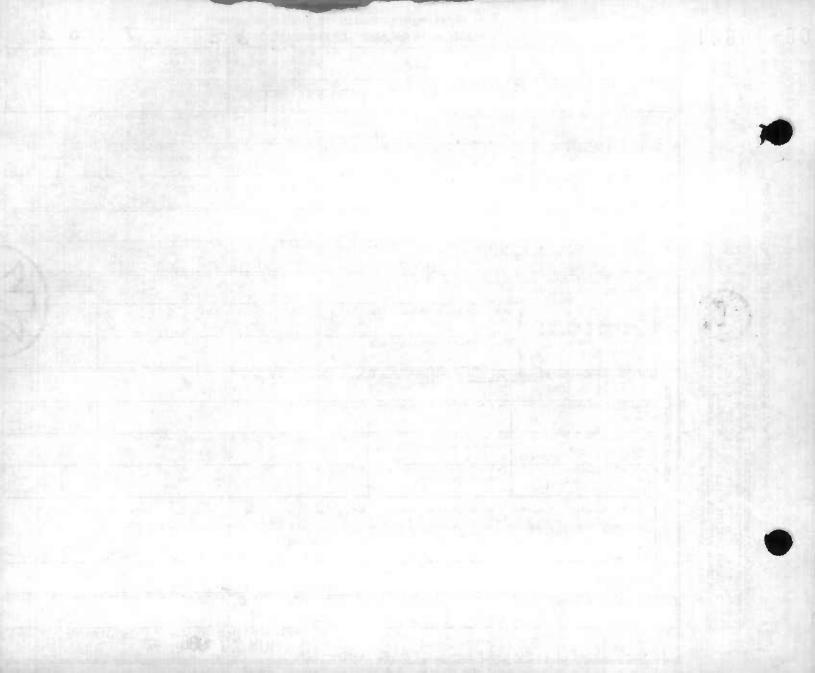
ITHIN 72 HOURS

RESTON STREET, DEATH MATED Williams 6--22 19 86 Thurman 3. SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 24 HRS 24 HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED 11:15 19 86 DEAD a. M 9 BALTIMORE CITY OR COUNTY OF DEATH 5 FOR MARRIED NEVER MARRIED WIDOWED [ DIVORCED Baltimore City, ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION CTYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY University Hospital bor Baltimore ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 INSIDE CITY LIMITS? 13e STREET ADDRES BALTIMORE, MD. 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME mes ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO {YES, NO, OR UNKNOWN] 1 (IF YES, GIVE WAR OR DATES) Home CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) USED AS A BURIAL-TRANSIT PERMIT.
OF HEALTH AND MENTAL HYGIENE, D
IRIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cerebral Injuries JAMMEDIATE CAUSE (0)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ally, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 g Chronic Alcoholism, Seizure Disorder 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 190 DATE OF OPERATION 20 AUTOPSY? TO BURIAL, YES X NO TO MEDICAL EXAMINER: THIS CERTIFICATE SY EXECUTE THE CERTIFICATE, WRITING THE WOI PAGE 4 SHOULD BE FORWARDED TO THE CIT OF FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALLIMORE, MARYLAND, 21201 PRICR TO BU 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR MONTH DAY YEAR 19 86 subject struck head during seizure CONTRIBUTING CAUSE OF DEATH 3:00 PM 6-18 21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM FTC ) WHILE NOT WHILE AT WORK 100 blk. N. Fulton Avenue, Balto., Md. street MARYLANDIZ Autopsy X 220. I certify that I took charge of the remains described above, held an ond in my opinion Accident XX Suicide Homicide Undetermined manner death resulted from: Natural causes TITLE (SPECIFY) ACTUAL 6-23-86 MD Assistant MEDICAL EXAMINER SIGNATURE. EXAMINER'S NAME 21201 111 Penn St., Balto., Md. Gregory R. Kauffman, MD. TYPE OR PRINT ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY 07/84 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR DHMH - 17 ADDRESS (VR A15 ME (5))

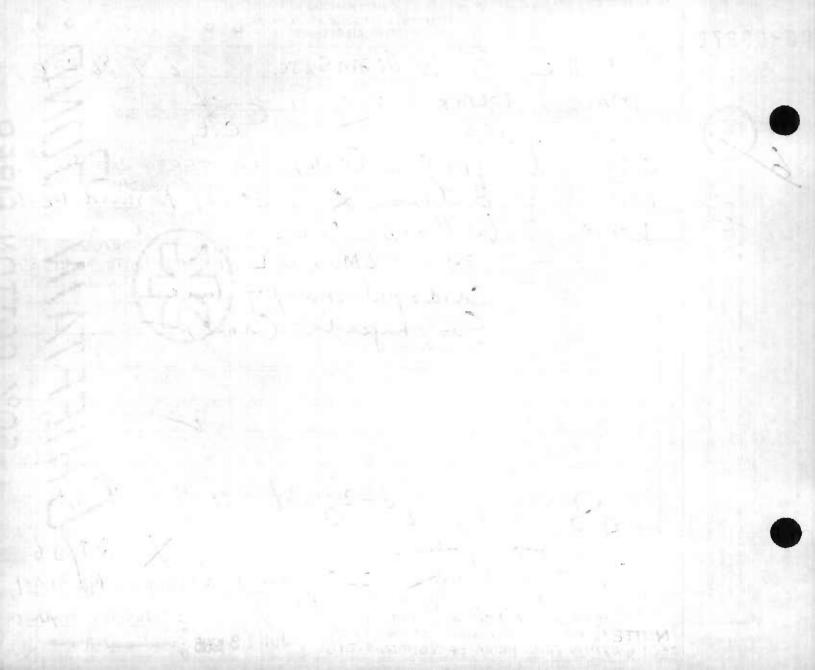


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OF VITA	\$ 8 5 B 5 B 5 B 5 B 5 B 5 B 5 B 5 B 5 B 5	- E	21- EVTERNI	AL CAUSE WAS	21b. TIME OF	IN LILIDAY		Tai una							YES 🗌	NO 🔀
, i	CERTIFICATE SHO SITING THE WORD DED TO THE CHIE E 3 SHOULD BE US E DEPRIMENT OF	/ .	III IN IDEDIVING	OR	HOUR A.M.		DAY YEAR	ZIC. HOV	W INJURY C	CCURRED	(ENTER NATL	JRE OF INJURY	N ITEM 18 PA	ART 1 OR PART :	21	
Š	A HOUNT	MEDICAL	CONTRIBUTI	NG CAUSE OF	DEATH P.M.	E INITIDY	19	211. LOCA	ATION							
NOSINI	CE 3 SE DE	MEG	WHILE	NOT WHILE [	STREET, FACTO			STRI			CI	TY OR TOWN		COUN	TY	STATE
	TAAAKE		AT WORK	AT WORK												
	JER: THI CATE, W FORWA OR: PAC THE STA 'ND, 21;		220   certi	fy that I took char	ge of the remains desc	ribed obo	ve, held an	Autapsy	□,	Inspection	LJ	naury X	, ond	in my opin	ion	
	THT THE		death result	ed fram: Notu	ral causes	Accident	, Sui	cide,	Hamicia	le 🔲 .	Undeterm	ned monne	r .			
	EXAMI CERTIFI ULD BE DIRECT WARYL		ACTUAL		A	1/	3134		TITLE (SPE					DATE	- 1 1	100
	ZESEE -	4	SIGNATURE.		X			M.D	ASS	istan	TMEDICA	LEXAMINE	R	SIGNED.	6/4	/86
	MEDICAL EX. ECUTE THE CES GE 4 SHOULD FUNERAL DII FER DEATH, W LIMORE, MA	1	EXAMINER'S	NAME CYC	gory R. Ka	ııffm:	M E	,		111	1 Down	n Ct				
	TO MEDICAL EXAMINER: TO EXECUTE THE CRETIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STIP ABLIMORE, MARYLAND, 2	22.	(TYPE OR PRI	TION, REMOVAL					ODRESS			n St.				
			BURIAL, CREMA (SPECIFY) BURIAL	HON, KEMOVAL	6-9-86		ADDICO			1	23d LOCA CITY OR TO			COUNTY		STATE
07/B 25M		24	FUNERAL DIREC	TOR	0-9-00	<u> </u>	ARRISO	N FORE		o. DATE REC		VING N			MAF	RYLAND
	DHMH - 17 (VR A15 ME (5))	V	M.C.MAF	CH F/H T	NC 1101 I	T NIOD	ידע אזידי	NITE		JUN	6 8	200	whia D	avidous	- Pandes	la

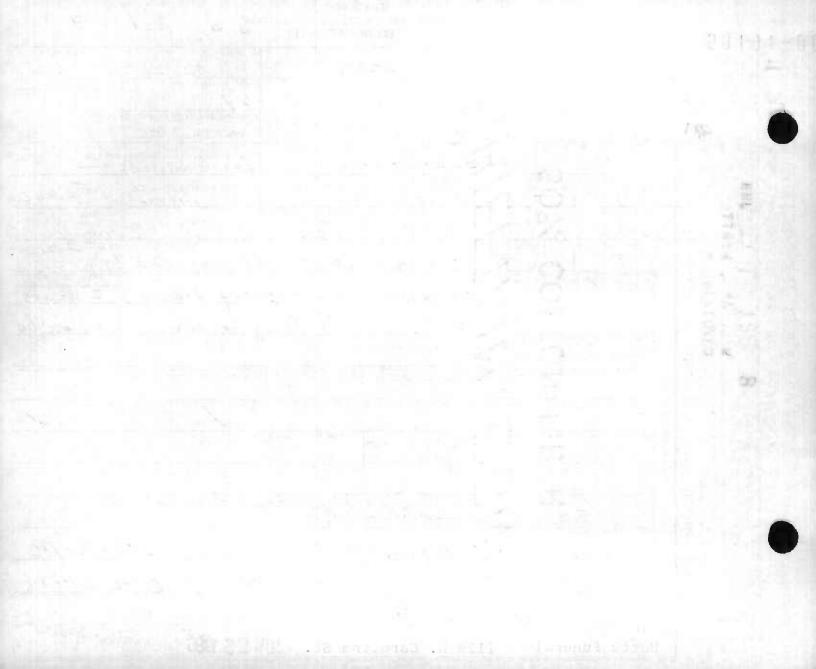




STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME L'EVER CHEFFE 4 RACE 1. SEX 6. AGE (IN YEARS LAST BIRTHDAY) YEAR BALTIMORBETTY OR COUNTY OF DEATH III. CITY OF TOWN OF DEATH OSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OF CHEMICAL CO. 13 STREET ADDRESS / 71P CODE BALTO. MO. 1136 COUNTY NORTH WOOD DR. 21239 WILLIAMS 4521 NORTHWOOD PRIVE. IN U.S. ARMED FORCES? ZELLA L. WILLIAMS BALTO, MO 21239 RETWEEN CHOST AND DEATH IL CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.111 78s AUTOPSY 78h. IF YES, WERE FINDINGS USED THE DATE OF OPERATION THE CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOTT YES IT TIE ACCIDENT WAS UNDERLYING ISE TIME OF INJURY THE HOW INJURY OCCURRED. (AND WATER DEPOSITE OF PARTY OF PARTY OF PARTY HOUR A.M. MONTH DAY YEAR OF CONTEBUTING CAUSE OF DEATH OF SITHER PIGTOR WEDICAL EXAMINERS 271 LOCATION 21# INJURY OCCURRED 21st PLACE OF INTURY CITY OR TOWN COUNT STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) THEFT WHILE I 27s.1 certify that is baspital attended the deceased from and that in imp (our) opinion death accurred on the date and hour and from the cause stated DEGREE ATTENDING MEDICAL PHYSICIAN TORRECTOR! PHYSICIAN 27e. ADDRESS 23: NAME OF CEMETERY OR CHIMATORY TIG BURIAL CREMA EDAR HILL CEMETERY " NUTTER + SONS FUNERAL HOME, INC. DHMH - 16 60M 7/B4 2501 GWYNNS FALLS PKWY, BALTO, MO, 21216 (VRA 15, 41



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME 2a DATE OF DEATH MONTH 7b. HOUR TYPE OR PRINT WYATT WILLIAMS JUNE 20, 1986 2:12A M 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 5. DATE OF BIRTH 3 SEX YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h, KIND OF BUSINESS OR INDUSTRY BALTIMORE THE JOHNS HOPKINS HOSPITAL Abor-Kelike ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13b COUNTY CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE NO [ 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) GREGORY W.WIL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE O Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last IXON PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 0 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSA IN CERTIFYING CAUSES OF DEATH? 0 YES NO F 210. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) BY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 NON-MED 21e. PLACE OF INJURY II LOCATION 21d INJURY OCCURRED COUNTY CITY OR TOWN STATE I AT HOME STREET, FACTORY, OFFICE FARM, ETC 1 WHILE NOT WHILE JUNE20 JUNE 22a L certify the this hospital) attended the deceased from. JUNE 20 76, and that in(my) aur) apinion death accurred an the date and have and fram the causes stated SED DEGREE 22c. DATE SIGNED STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN A 22e ADDRESS REL! 231. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 23d LOCATION 236. DAJ! -orest 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 1129 Betts Funeral N. Caroline St. (VRA 15, 4)



(VRA 15, 4)

and the second of the second o digit story statement that decompy language, participation for this.

|--|

FOR - STATE REGISTRAR DECEASED NAME TYPE OR PRINTS

Female

Maryland

ID CITY OR TOWN OF DEATH

BALTIMORE

Wesley D. Wilson

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Maryland

14 FATHER'S NAME

No

To. BIRTHPLACE (STATE OR FOREIGN

STATE OF MARYLAND

March 27,1903

YES X

5. DATE OF BIRTH

WILSON

UNION MEMORIAL HOSPITAL

13"Baltimore

LAST

16b. SOCIAL SECURITY NO

216-46-1605

STRILL OF MINISTERNIE	
DEPARTMENT OF HEALTH AND MENTAL HY	GIENE
CERTIFICATE OF DEATH	0

	0		•			
	REG. N	10.				
ī	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	R
		6	1	86	14 3	-PN
	6. AGE (IN YEARS LAST BE	RTHDAY)	WE UNDE		I UNDER	24 HRS
	83	YRS	MONIHS	DAYS	HOURS	MIN.
_	D DALTIMORE CITY	OR COUNT	TY OF DE	ATH		

MARRIED NEVER MARRIED K DIVORCED [ WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

BALTIMORE 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
HOMEMaker INDUSTRY

130 STREET ADDRESS / ZIP CODE St. 21218

NOF 15. MOTHER'S MAIDEN NAME Nellie H. Williams

ADDRESS 17 INFORMANT

Mahlon W. Hessey, Fidelity Bldg. Balto., Md.

PART I. DEATH WAS CAUSE	ECAUSE 10) CARDIO DURMONARY COLLAPSE	BETWEEN ONSET AN
IMMEDIAT	DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if any, which	( ib).	
gave rise to immediate couse (0), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CON	DITION GIVEN IN PART TO

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO NO
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21¢ HOW INJURY OCCURRE		

21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY

AT HOME STREET, FACTORY, OFFICE FARM, ETC 1

STATE

COUNTY

220 I certify that (1) (this hospital) attended the deceased fra 

DEGREE

ATTENDING MEDICAL PHYSICIAN

DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and have and from the causes stated

CITY OR TOWN

274 PHYSICIAN'S NAME ITYPE OR PRINT

NOT WHILE

ROBERT BROWN

DOROTHY

4 RACE

White

USA

H.

76 CITIZEN OF WHAT COUNTRY?

UNION MEMORIAL HOSPITAL

23c. BURIAL, CREMATION, REMOVAL Burial

June 4,1986

231. NAME OF CEMETERY OR CREMATORY Darlington

22e ADDRESS

Darlington, Harford Co., Md.

24 FUNERAL DIRECTOR

CERTIFICATION

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 6500 York Rd. Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached

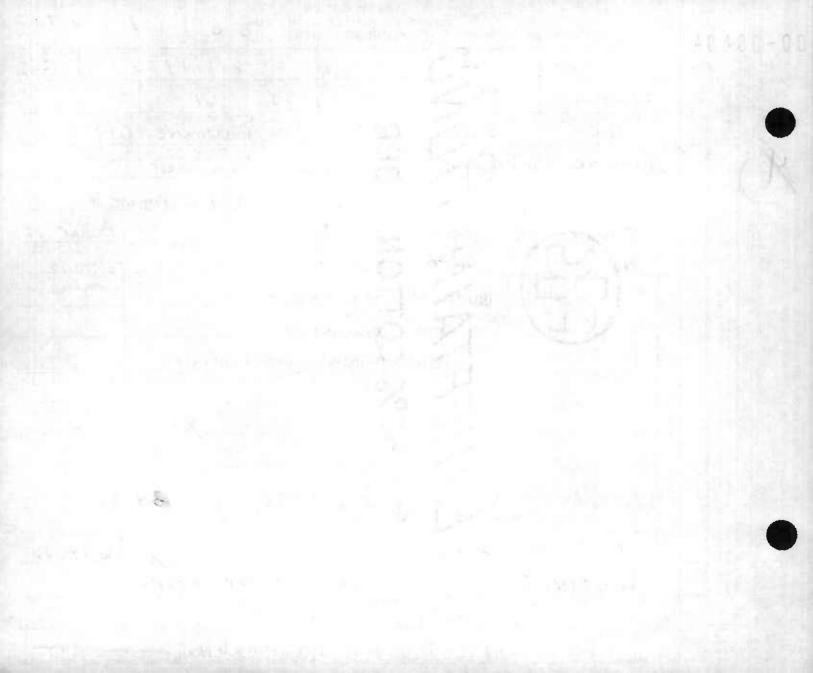
DIVISION OF VIT

78384410

Porut. II Vidolos

ANTERES H. BERRIN LOSS C.S. GAGE .H THERE

N-09484	1-	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENES & REG. NO	17167						
5 03 7 0 4		OR PRINT) HATTIE	MIDDLE	WILSON	20. DATE OF DEATH	186 YEAR 26 HOUR 52						
e 4 moy cher, poq suther de	3. SE.		RACE Black	5. DATE OF BIRTH MONTHY DAY 3 YEAR 24	6 AGE (IN YEARS LAST BIRT							
	70. BI	RTHPLACE (STATE OF FOREIGN 7	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City of	COUNTY OF DEATH						
AN 1 50		300 TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) University of Man	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF	ON 126. KIND OF BUSINESS OR						
25	130.	AL RESIDENCE (IF NURSING HOME OR C STATE 13b COUNT 304+111111111111111111111111111111111111	THER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	130 STREET ADDRESS /	ZIP CODE 212/3						
1 Page	14 F/	Tohnuc	IDDLE SOUTH	15 MOTHER'S MAIDEN NA TEMUNI C	MIDDLE	Barker						
Page 1		VAS DECEASED EVER IN U.S. ARM	WAR OR DATES) 2/2-30-	RITY NO. 17 INFORMANT U	ADDRE	2/2/3						
oth certificate embing physics in or removal imptic event, th		PART I. DEATH WAS CAUSED IMMEDIATE	CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) CAUSE (b) CONSEQUENCE OF  anditions, if any, which (b) SUPSIS									
ne that the de ned by the or pleose remov untal, crematic	o l	gave rise to immediate cause to stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCEOF	east cancer							
NG PHYSICIAN: THE BEST OF STREET THIS CENTRED TO SEE THIS CENTRED TO SEE THE STREET TO SEE THE	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED   IN CERTIFYING CAUSES OF DEATH?   YES						
SICIAN: ng physic certifical miol-tran ental Hygu		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)						
NG PHYS	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	ARM EIC) 211 LOCATION STREET	CITY OR TO	du cu						
R ATTENDI hospital or RECTOR: A hed for use spt. of Heal fem 21 is m		220 I certify that (1) (this haspite saw the deceased alive an_ abave, (1) (we) (did) (did nat) 22b. SIGNATURE	oil) attended the deceased fram-	and that in (my) (aur) apinian DEGREE	death accurred an the do	19 0 , that (I) (we) last tee and haur and Iram the causes stated						
PITAL O by the ERAL D State D NNT: If I		22d PHYSICIAN'S NAME (TYPE OR	PRINT)	ATTENDING PHYSICIAN [		IAN X 16/17/06						
Of of which was a second of the second of th	230 (	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	INIV. OF	23d LOCATION	SP.						
DHMH - 16 60M 7/84	24 FI	UNERAL DIRECTOR	ADDRESS		TE REC D. BY REGISTRAR	MOTE MORNAY  256 REGISTRAR'S SIGNATURE  AND						



FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

86 17168

- 1									REC	. NO.				
1		CEASED NAME	FIRST	,	MIDDLE	t.	AST		2a. DATE OF DEAT	H MONTH	DAY	YEAR	26 HOL	JR
	1	OK PRINTS	Tom		Ruben		Wilson		2 0	6	5	. 86	12:0	ONOOR
	3. SEX	X		4 RACE		S. DATE C	F BIRTH		6. AGE IN YEARS LA	T BIRTHDAY)	IF UNDE	R I YEAR	IF UNDER	
d		Male	P IO	Blac	k	MONTH 5	Q DAY	13	73	YRS.	MONTHS	DATS	HOOKS	MIN.
e	7a BIF	RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY	? 8			9 BALTIMORE CIT		Y OF DE	ATH		
5		Va.		US		WIDOWE		VORCED	Baltimon					MD.
6	10 CI	TY OR TOWN OF DE			HOSPITAL, NURS THEACILITY, GIVE STREET		OR OTHER INS	TITUTION	(TYPE OF WORK FOR ME			KIND O USTRY	F BUSIN	ESS OR
4	1	Balto		3/	W. NU		Ave.							3
0	13a S	AL RESIDENCE (IF NUR!	113b COUN		GIVE RESIDENCE BEFO		13d. INSIDE C	ITY LIMITS?	13e STREET ADDRE	SS / ZIP COI	)F			
7		Md.			Balt		YES 🙀	NO 🗌	1937 W	North	AVE	2	1217	
Ü	14 FA	ATHER'S NAME	171.74	MIDDLE	ŧ AST		15. MOTHER	S MAIDEN NA	ME			LAS		
		Albert		MIDDLE	Wils	son	I .	lester	MIDD	10	Co	nodw	. 117	
1		VAS DECEASED EVER			166 SOCIAL SEC		17 INFORMA		AE	DRESS	- 50	MINIM	+++	
	(1	YES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	719-10	0-3136	Flov	d Have	s 2202 Br	addisk	Ava			
i		18 CAUSE OF DEAT	H (Enter an	ly ane cause per	line far (a), (b), a				3-2202 01	- AC-1-DI		APPROX	MATE INTE	RVAL
		PART I. DEATH W	VAS CAUSE	D BY:	MIDNINO	DODIN	AMDY	F61	11102					
		IMMEDIATE CAUSE (a) CARDIORESPIRATORY FISILURG												
-1				DUE TO O	R AS A CONSEQ	LIENCE OF	-07							
1		C due or		(	1111150	- RE	TITE	DUDSTA	TE MITH	WIDE	3/12/1	FAM		
		Canditions, if any		(b)(	ANGUI		1610/	1-0-1101	001//	00 10 0	21.10	Cide		
1		gave rise to imi	mediate	S DUE TO O	DAS A CONSESSION	LAS LA	5/5							
		underlying cause		DUE TO, O	DUE TO, OR AS A CONSEQUENCE OF									
				(c)										
	Z	PART 2. OTHER SIGN	NIFICANT	CONDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	NINAL DISEASE OR (	ONDITION G	IVEN IN	PART 10		
7	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY?		ES, WERI			
	JEIC	150 100							YES TO NOT	_	YES I	CAUSES	OF DEA	_
-	ERI	21a. ACCIDENT WAS UN	DERLYING T	1 21b. TIME O	F IN JURY		Tair HOW IN	HURY OCCUPI	RED (ENTER NATURE OF			DART 21	140 [	
1		OR CONTRIBUTING	_	LIOUP 1	M. MONTH	DAY YEAR			(Elvier in one of	(14) OK 1   1   1   1   1   1   1   1   1   1	, , , , , , , , , , , , , , , , , , , ,			
	MEDICAL	(IF EITHER, NOTIFY MED				19		241						
	AED	21d. INJURY OCCUR		21e PLACE	OF INJURY REET, FACTORY, OFFICE	FARM, ETC.)	211 LOCATE	JN	CITY	ORTOWN	co	UNTY		STATE
		AT WORK NOT WE	DRK										100	
		22a.t certify that (1)	(this haspi	tal) attended th	e deceased fram	MA	7 /	19 86	, to	65	. 19 2		that (1) (	we) last
		saw the deceas abave, (I) (we) (	ed alive an	t) view the hady	ofter death	86 , ar	nd that in (my)	(aur) apinian	death accurred an t	e date and he	aur and f	ram the	causes st	ated
		226. SIGNATURE	3.47.43.4.14	Trest the budy	arrer dearn.		DEGREE	11151			22	c. DATE	SIGNED	
		Jmo	1		m ./	n		ATTENDING PHYSICIAN F	MEDICAL PH	STAFF				
1		224 PHYSICIAN'S	AME (TYPE O	R PRINTI	2017		22e ADDRES		- DIRECTOR - TH	I SICIAI C			-	
		L.M.	Tim	KIRDY	, M. 1	2.	CHUK	CH HO	SPITAL: 10	10 N. E	ROK	PULA	4, 6	ELLID.
	23a. B	BURIAL, CREMATION,	REMOVAL	23b. DATE	23(	NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION			100	0.21	231
	(	Burial		6/7/			h Ceme		Ford		COUN	TY		STATE
		JNERAL DIRECTOR	-	1 0///		onuic	TI OCINE		E REC'D. BY REGIST		Va.	SIGNAT	LIRE	
				11 1101	AL ADDRESS			130 0	LILE D. OT RECIST	TO KEGI	JINAN 3	SIGNAL	OKL	

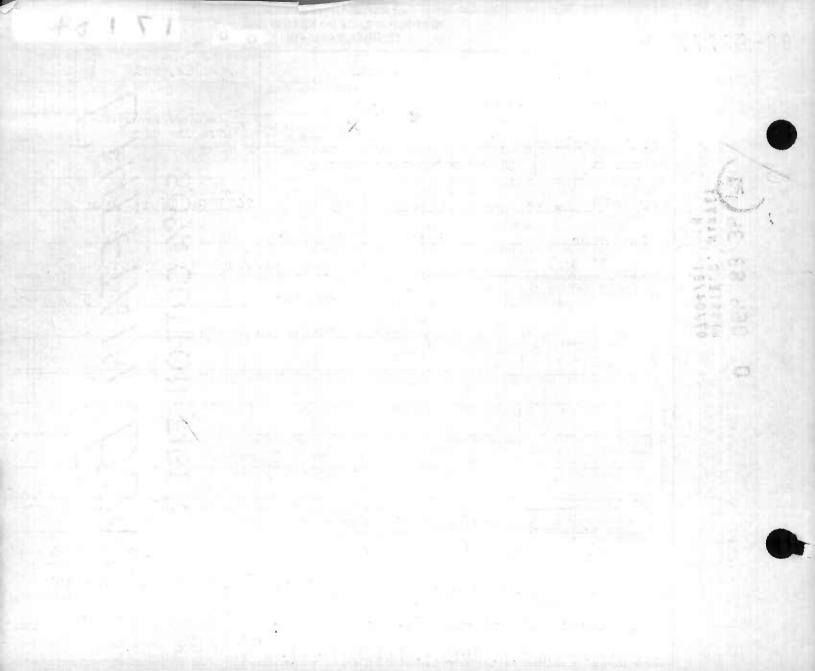
DHMH - 16 60M 7/B4 (VRA 15, 4)

Wm. March F/H 1101 E. North Ave.

1986 Juna Davidson Handam



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR 28 DATE OF DEATH MONTH DAY DECEASED NAME FIRST (TYPE OR PRINT) HARVEY 2:02 WINFIELD JUNE 13, 1986 abod AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4 RACE 5. DATE OF BIRTH IE UNDER 24 HRS 3 SEX MONTH DAY YEAR Black Male 07 - 04 - 192164 76. BIRTHPLACE (STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY DIVORCED WIDOWED North Carolina NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 17b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY THE "JOHNS" HOPKING BALTIMORE HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 136 CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland 2421 Guilford Avenue Baltimore NO [ Raltimore 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Mials Winfield Mariory Langston ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 0 + Ellise Winfield 5108 Oaklawn Rd No CG APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED 8Y: arrest 201 W. PRESTON ST. minute. asel IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF posterio Canditians, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, 198 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY2 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 00 MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET WHILE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from, JUNE Tuna saw the deceased alive an ___ SUNO 56 and that in (my) (our) opinion death accurred on the date and haur and from the causes stated above, (1)-(we) (did)-(did not) view the bady after death 22b. SIGNATURE 22c DATE SIGNED DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANI 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be 600 N. Wolfe Street, Bultimore, MD Strumpi 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 236 DATE Baltimore, Maryland Mt. Calvary Cem. BP. 06-19-86 Buria 24. FUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Brown/Thompson F.H. 1913 W. Baltimore St. (VRA 15, 4)



STATE OF MARYLAND

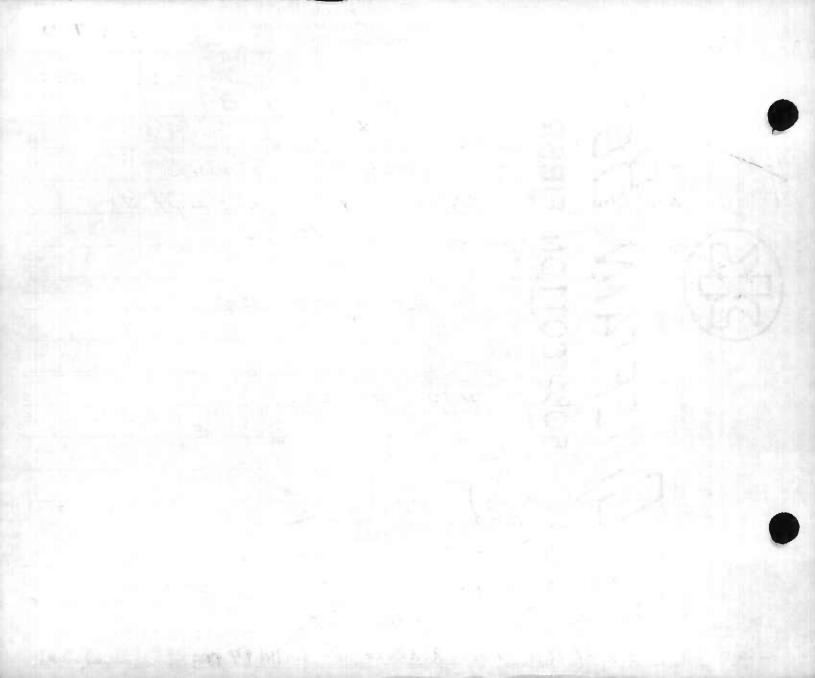
DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

LAST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 86 and that in (98) (aur) opinian death occurred on the date and have and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN c/o Maryland General Hospital 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

7:50P M

12b. KIND OF BUSINESS OR



## FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

86	1	7	1	71	
00		-		1 1	

		REGISTRAR		CEKIIF	ICATE OF DEATH	Rtu. N					
		CEASED NAME FIRST	MIDE	Wi	ast Se		MONTH DAY YEAR	6:302			
-		RTHPLACE   STATE OR FOREIGN	1. RACE Blace 76. CITIZEN OF WH		3/ 24	6. AGE IN YEARS LAST BE 6. 2  9. BALTIMORE CITY C	YRS.  # UNDER 1 YEA MONTHS DAY  YRS.				
6	- 0	USA	Ame	MARRIEJ WIDOWE		bath.	more cit	Y MD.			
)		Da In more	(IF NOT IN SUCH FA	SPITAL, NURSING HOME C CILITY, GIVE STREET ADDRESS)	LOS pital	120. USUAL OCCUPAT	OF WORKING LIFE) INDUSTR	OF BUSINESS OR			
5	13a S	AL RESIDENCE I IF NURSING HON STATE 13b. CO		Baltimore	134 INSIDE CITY LIMITS? YES NO []	130 STREET ADDRESS	Park Heig	hts			
10	14. FA	ALTON	MIDDLE	LAST	ANNILE	AYOFL		LAST .			
		VAS DECEASED EVER IN U.S. YES, NOORUNKNOWN) (IF YE)	ARMED FORCES? 16	18 18 3138	MRS SADIE	Wisk 257	4 HOLLINS.	ST 2/103			
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one couse per line USED BY DIATE CAUSE (0)	e for 10), (b), and (c).)	15	5					
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR A	S A CONSEQUENCE OF	decubii	hus ulces					
	NO	ha	ultiple	FRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN IN PART	110			
4	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FINE IN CERTIFYING CAUSE YES []	DINGS USED ES OF DEATH?			
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF UF EITHER NOTIFY MEDICAL EXAM	F DEATH HOUR A.M.	MONTH DAY YEAR	21c HOW INJURY OCCUR	RED {ENTER NATURE OF INJU	URY IN 11EM 18 PART T OR PART ?	)			
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	VINUO) NWC	STATE			
		220 1 certify that (I) (this h	1/11	19.86 or	d that in (my) (our) opinion	death occurred on the d		2, that (I) (we) last he causes stated			
		The Signature	110	le and a	DEGREE ATTENDING	MEDICAL STA	FF _ 61	18			
		GLORIA C	JOHNSON	U M.D.	Sivai He	ospital o	Bellino	re			
	(	BURIAL, CREMATION, REMOTE SPECIFY BURY AL	VAL 236 DATE 6-23-		ON FUREST V			10 STATE			
	24. FL	JUSGIPH Le	Ross 20:	12 CJ, HORT		N 2 0 1986	25h REGISTRAR'S SIGN	ATURE			

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather traumatic event, the medical should be detached for use as the bunal-transit permit. Then please remave corbangape with the State Dept, of Health and Mental Hygiene prior to burial, cremotion, or removal.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR:

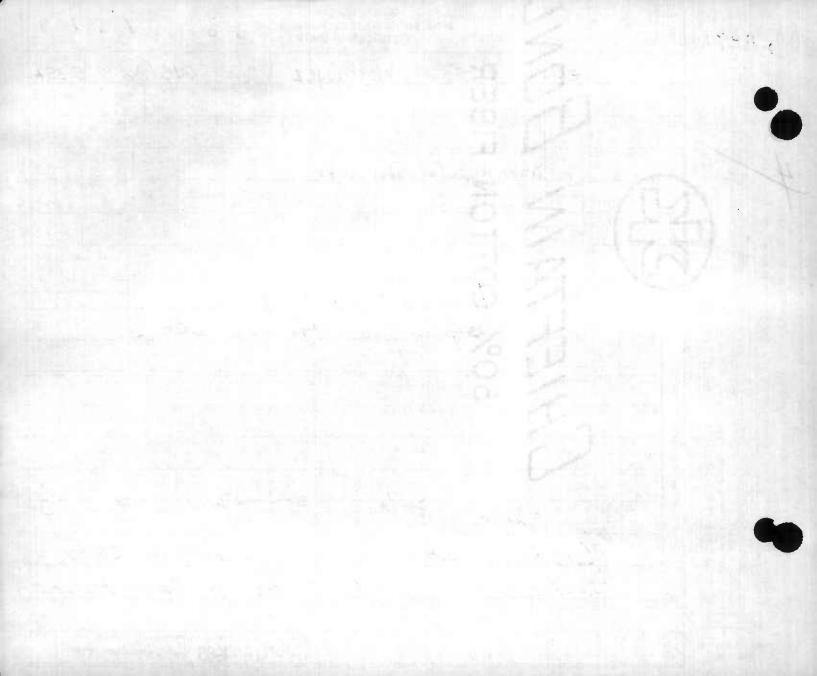


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00:39241 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN 1 DECEASED NAME 26 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 10/19 86 John J. Witt 6/ 4 RACE 3. SEX 6 AGE (IN YEARS IF UNDER 1 YR DATE OF BIRTH IF UNDER 24 HRS. DATE MONTH LAST BIRTHDAY) PRONOUNCED 2 1929 10/19 86 Male Cauc. DEAD BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Md. WIDOWED DIVORCED Baltimore City, ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE) Disabled 1412 W. Lombard St. Baltimore USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b COUNTY Baltimore 13. STREET ADDRESS 1412 W. Md. W. Lombard St. 21223 YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Witt Joseph Josephine Szblawski 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166. SOCIAL SECURITY NO ADDRESS DIVISION I (IF YES, GIVE WAR OR DATES No Joseph Witt 1408 Anglesea St. Unknown 18 CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY A BURIAL - TRANSIT PERA H AND MENTAL HYGIENI MATION, OR REMOVAL. Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED EXECUTE THE CERTIFICATE, WRITING THE WORD."PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMOREMENTED THE CHIEF MEDICAL EXAMOREMENTED FOR SHOULD BE USED AS A BURIAL. PRER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND ME BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION Chronic Schizophrenia, Diabetes Mellitus 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNT STATE AT WORK AT WORK Inspection X 220. I certify that I took charge of the rentons described above, held an Autopsy and in my opinion Natural cours Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE Assistant MEDICAL EXAMINER 6/11/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Buria] Holv Rosary Cem. Baltimore Md. 07/84 BP 25M 24 FUNERAL DIRECTOR 250, DATE REC'D, BY REGISTRAR 251 REGISTRAR'S SIGNATURE **DHMH - 17** Dabrowski & Son 2818 E. Baltimore (VR A15 ME (5))

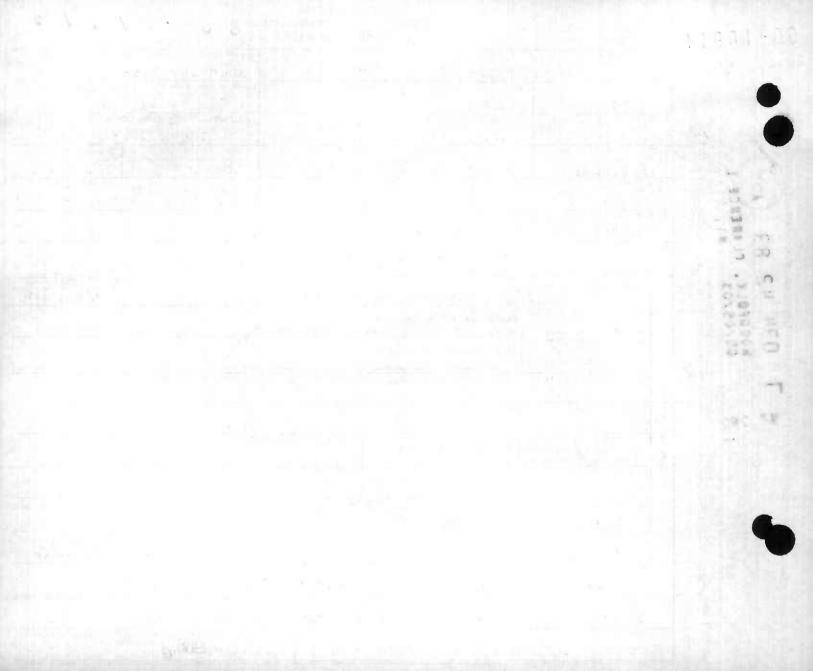
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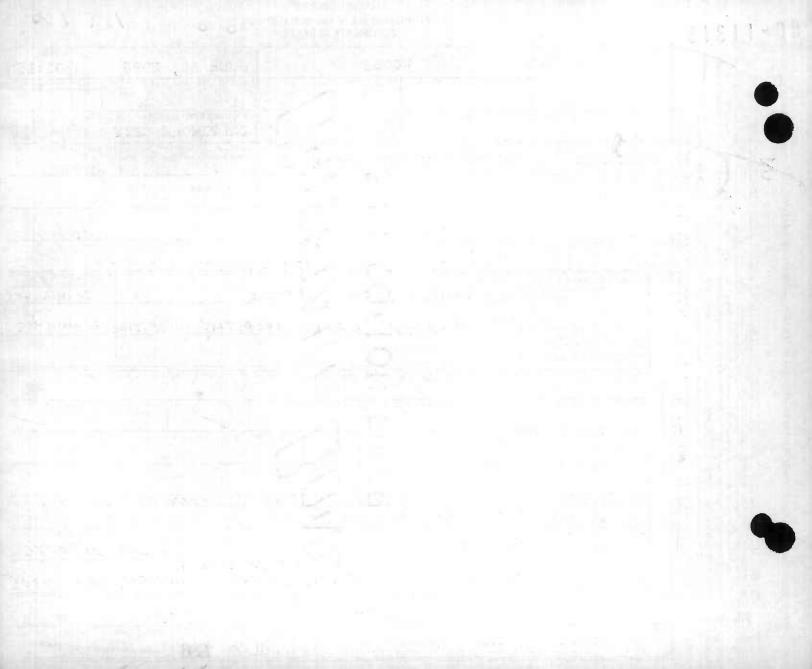




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DHMH - 16 60M 7/84 (VRA 15, 4)		arch Funeral	Homes 1101 E	ast No	rth A	venue	JU	N 30 1986	Sb. REGISTRE	AR'S LIGNAL	ORE



-11315	1 -	FOR STATE REGISTRAR	ATE CEPTIFICATE OF PEATH						
2 21		CEASED NAME FIRST (JOSEPI	H) JOE	WOODS	AST	2a DATE OF DEATH		2b. HOUR 01:15,	
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8P	BU	BURIAL, CREMATION, REMOVAL	7-3-86 BALTIMORE			BALTIMORE MARYLAND  THE REC'D. BY REGISTRAR 236. REGISTRAR'S SIGNATURE			
DHMH - 16 60M 7/84 (VRA 15, 4)		1.C.MARCH F/H I	NC. 1101 E.NÔ	RTH AVEN			236. REGISTRAR'S SIGI		



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE KNOWN DECEASED NAME 26. HOUR (TYPE OR PRINT) DIRECTOR. OUR FILES. (72 HOURS DEATH MATED VERA M. WOODS 519 86 4 RACE AGE (IN YEARS IF UNDER 1 YR. 5. DATE OF BIRTH IF LINDER 24 HRS 2d HOUR 2c. DATE DAY YEAR LAST BIRTHDAY) PRONOLINCED 1:42 DEAD White Female July 12,1900 15 186 BUTTHPLACE ISTATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED Baltimore City, TO THE FUN V PAGE 5 F BE FILED V DS, 201 Indiana U.S.A. 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 176. KIND OF BUSINESS OR INDUSTRY 3316 Perdmont Avenue Baltimore RETAIN PAHOULD BEE Self employed- Employment Serv. USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13e STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Marvland Baltimore YES B NO T 3316 Piedmont Ave. 21216 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Claude Woods Mary Barnett 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRESS 21208 (YES. NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) No 527-34-8549 Irvin L. Fishbein - 3701 Old Court Rd 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atherosclerotic cardiovascular disease DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION E FORWARDED TO THE CHIEF TOR: PAGE 3 SHOLLD BE USED THE STATE DEPARTMENT OF HE AND, 21201 PRICK TO BURKALL 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO | 710 EXTERNAL CAUSE WAS 716. TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21f. LOCATION 21d. INJURY OCCURRED TIE PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STINGRE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Autopsy Inquiry X Inspection death resulted from: Natural causes X Accident Hamicide L. Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 6/15/86 SIGNATURE EXAMINER'S NAME 111 Penn St., Baltimore, Md. 21201 TYPE OR PRINT Margarita Korell, M.D. ADDRESS. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 6-16-86 Balto. Md. Cremation Westview Crematory 07/B4 BP. 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S STONATURES 1050 York Rd. **DHMH - 17** (VR A15 ME (5)) Ruck Towson Funeral Home, Inc. Towson, Md. 21204

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(VRA 15, 4)		Leonard	J. Ruc	k, Inc.		more,	Md.			0 1300	11	Love A straighte	a Milana

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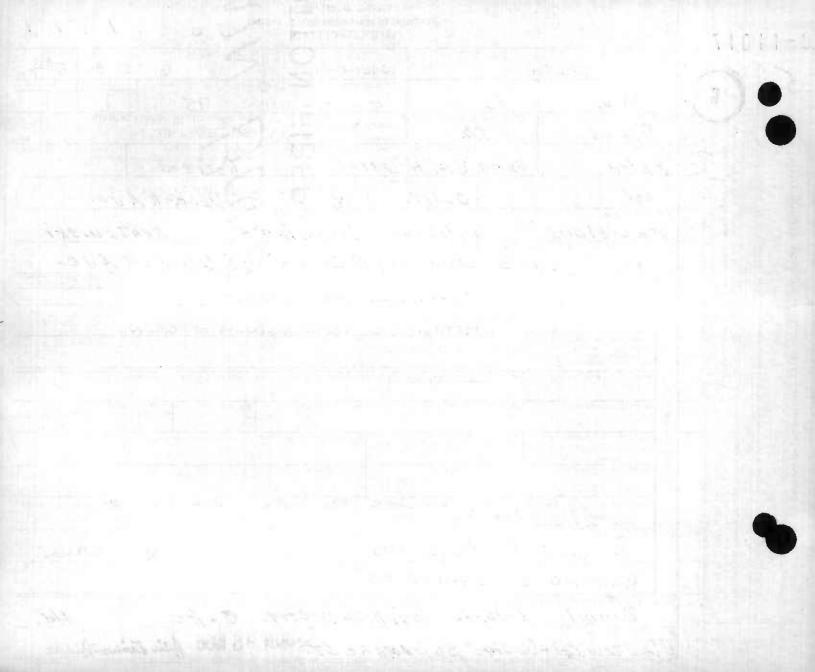
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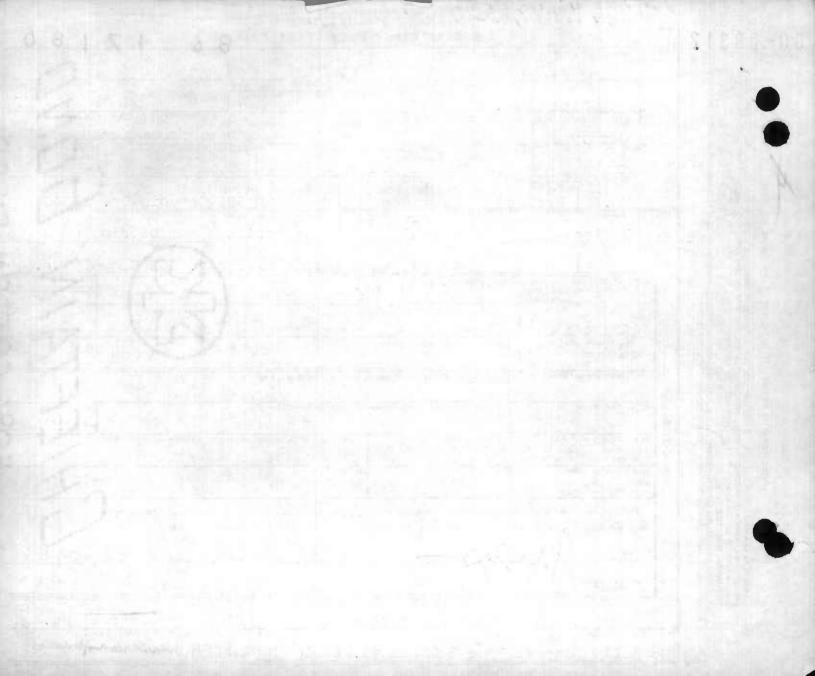
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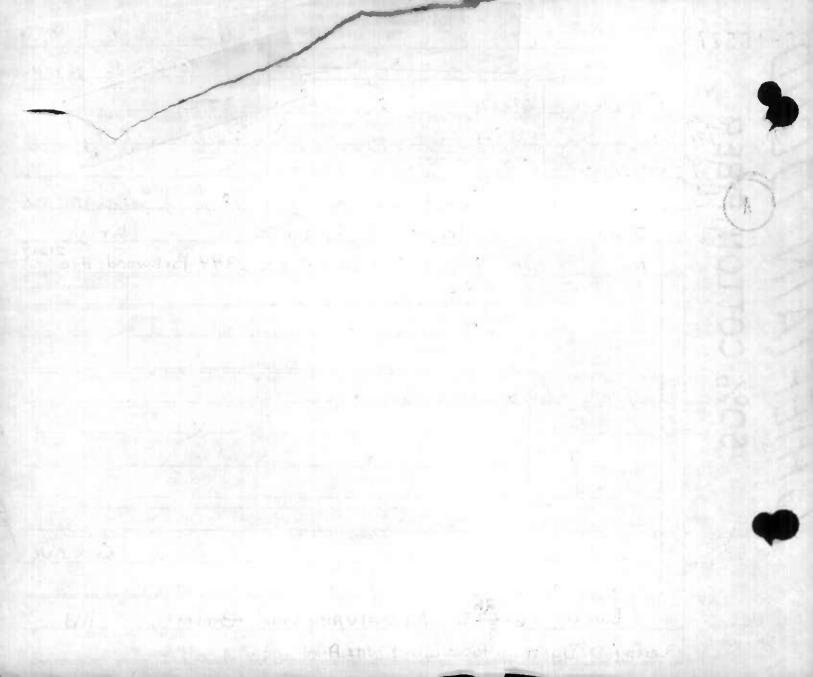
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-	る品質	3 :	SEX	4. RACE	S. DATE OF BIRTH	YEAR	6 AGE (IN YEAR LAST BIRTHDAY			F UNDER 2			HĪNŌM	DAY	YEAR	24 HOUR
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	BR022	1	New Jer	sev	USA			WIDOW		DIVORCE		ltimore	e City	У		MD
V	PERENT /	10	CITY OR TOWN	OF DEATH	IT NAME OF HO	PITAL, NU	IRSING HOME,	OR OTH	ER INSTITUTI	ION	12a. USUAL OC	CUPATION (TY	PE OF WORK		IND OF BUR INDUSTI	
N	SE POLE		altimore		St. Ag	nes F	Hospital		-OTE		none			7		
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۵	WAR WAR PAGE 120		AT WORK	NOT WHILE AT WORK	ud Lu	1101	ng				Baltin	ore				Md.
	A HORE	1	22a I certif	fy that I took charg	ge of the remains de	scribed abo	ove, held an	Autops	xy X	Inspection	. Inqu	uiry 🔲 c	and in my aj	pinion		
	ANTER BEEN		death resulte	ed from: A Notu	ral causes .	Accident	XXI, Suici	ide 📙	, Hamicio	de L	Undetermined	d manner	,			
	WAN WAR	1	ACTUAL	h	00				TITLE (SPI				DATE		(7	0.0
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07/84	BP/87		(SPECIFY)	ial			vergre				CITY OR TOWN	burg	Carr	oll		ATE
25M	DHMH - 17	24	FUNERAL DIRECT		ADDRES						EC'D. BY REGIS	TRAR 256. REC	GISTRAR'S	SIGNAT	TURE	
	(VR A15 ME (5))		Connell	y Funer	al Home		MaceAv	e.2	1221	JUN	12198	6 Julia	Davido	w-86	mark	





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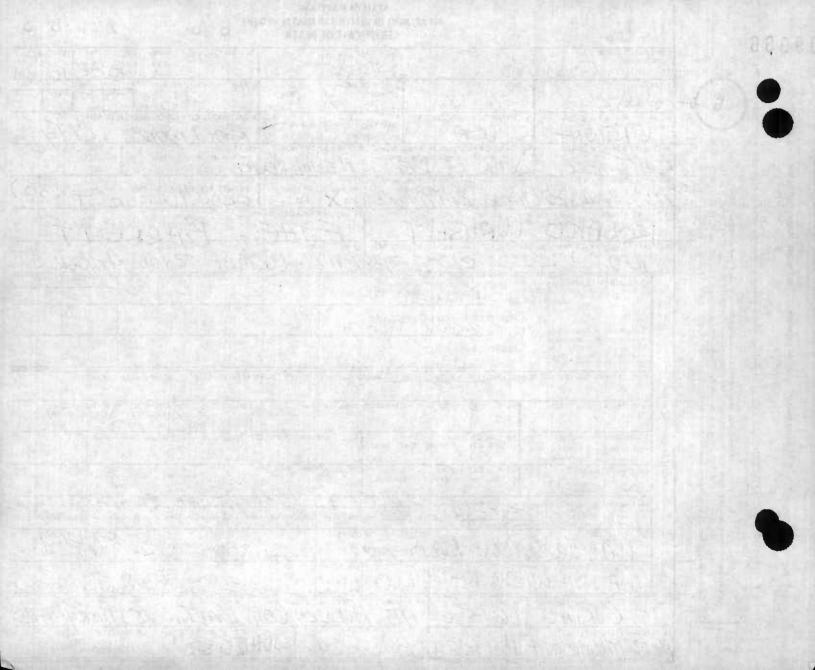
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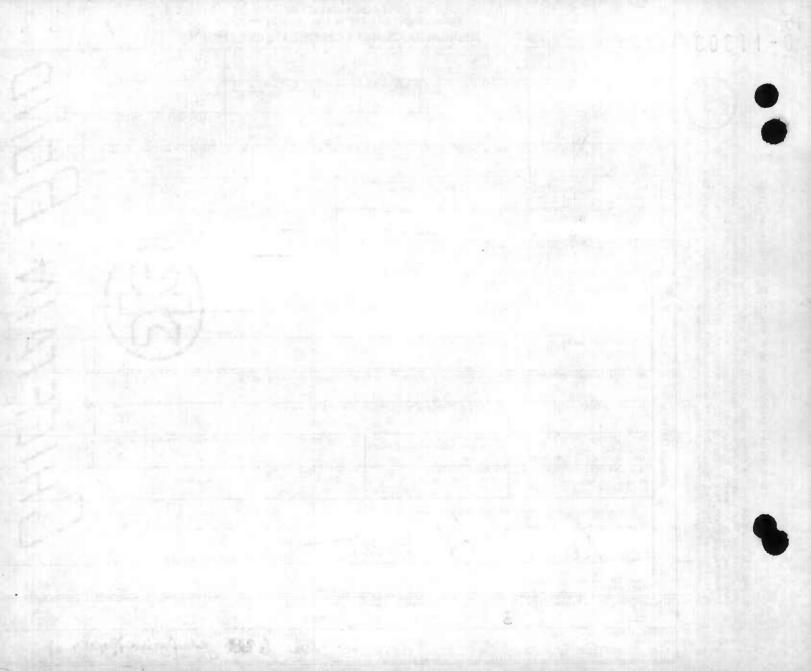
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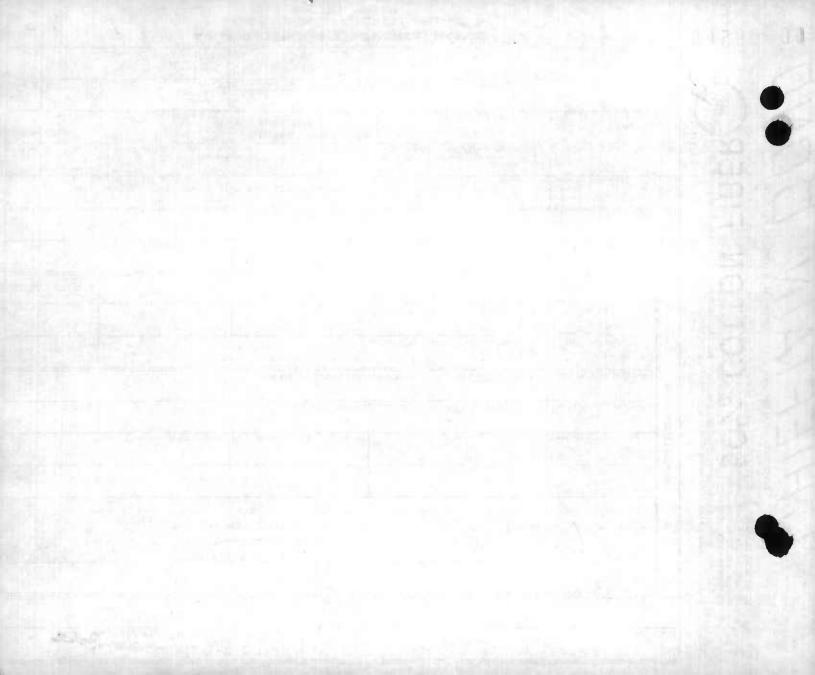
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DIVISION NG PHYSI offer this of os the burn th and Me orked or it		MEDICAL		E OF INJURY STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
Spirol or Spirol of Heol			27a. I certify that (I) (this hospital) attended sow the deceosed alive an above, (I) (we) (did) (did not) view the bod	18 + man 9 86 one	d that in (my) (our) opinion (	death occurred	on the date and has	19_86, the	ot (I) (we) lost uses stated
TAL OR y the ho RAL DIRECTOR D			22b. SIGNATURE Wanda Wich	s-Davis mi	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	221 DATE SK	J86
TO HOSPITAL (etoined by the TO FUNERAL (should be deto with the State [mapORTANT: H	1		22d PHYSICIAN'S NAME (1YPE OR PRINT) WANDA WICKS-	DAVISMO	6US. Cha	less	Reet Bo	Homore	21230
BP		(	URIAL, CREMATION, REMOVAL 236 DATE BURIAU 061	3.86 MT. 1	NEURN CE	n. 23d. LOCATI	CIMORE,	MARY	LAND
DHMH - 16 60M 7/8 (VRA 15, 4)		BR	NERAL DIRECTOR BON F. H. 1	913 W. BACC	6. ST. 15 JU	NTO E	GISTRAR 256, REGIS	TRAR'S SIGNATUR	e of the c



Film G618 item 14, 15,17 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 8/7/86 ria MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO . DECEASED NAME O DATE KNOWN (TYPE OR PRINT) ESTI-Yeatman Margaret Frances DEATH MATED 6/24/ 1986 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS. 2c. DATE LAST BIRTHDAY PRONOLINCED Caucasian 5 17 1940 46 Female 29/10 86 DEAD O BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS Washington DC USA WIDOWED [ DIVORCED X Baltimore City, CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY 1800 W. Jefferson St. Security Specialist Baltimore Navv SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 113h COUNTY 13r. CITY OR TOWN 13d. INSIDE CITY LIMITS? .. 13e STREET ADDRESS Fairfax Virginia Annandale 7414 Eastmoreland Road (22003) NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE D LAST High FIRST Arthur Yeatman Newman 17. INFORMANT WINGSOT 166 SOCIAL SECURITY NO Don Windor 579-50-4064 7456 Wounded Knee Rd Lorton, Virginia 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Gunshot Wound of Head IMMEDIATE CAUSE (o)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III E 3 SHOULD BE USED A DEPARTMENT OF HE STOOK TO BURIAL, OF 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES N NO T 21a EXTERNAL CAUSE WAS HOUR A.M. HOLT THATEDAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH ? P.M. 6/24/ 19 86 subject shot 21f. LOCATION WHILE AT WORK AT WORK 1800 W. unknown - found Jefferson St., Balto. City, NERAL DIRECTOR: PAC DEATH, WITH THE STAT AORE, MARYLAND, 212 22a I certify that I took charge of the remains described above, held an Autopsy X Inspection ..... Inquiry Hamicide V death resulted from Natural causes Suicide Undetermined manner Assistant MEDICAL EXAMINER 6/30/86 EXAMINER'S NAME AFTER I Dennis F. Smyth, M.D. 111 Penn St. (TYPE OR PRINT) ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 234 LOCATION Burial 7/2/86 Park Lawn Cemetery Rockville Montgomery Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Demaine Fun Hom Inc (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20 DATE KNOWN 26 HOUR (TYPE OR PRINT) OF ESTI-X DEATH MATED George 6-11 86 Young 19 DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS. 4. RACE 6 AGE (IN YEARS 12:35 DATE MONTH LAST BIRTHDAY PRONOUNCED male black 4 1910 75 DEAD 86 19 a. M 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED X NEVER MARRIED US WIDOWED DIVORCED Baltimore City 2, AND 3 TO THE IN 3. RETAIN PAGE SHOULD BE FILED AL REGORDS, 201 IN CITY OR TOWN OF DEATH OR INDUSTRY OF TICE 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Retired 3010 Windsor Avenue Baltimore 13. SIREEL ADDRESS Windsor Avenue 21216 13h COUNTY 13a STATE 13d INSIDE CITY LIMITS? Baltimore YES X Md 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE NAND OF VIT Louise Sarah Young E. Downing 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT DIVISION YES NO OR UNKNOWN) YES, GIVE WAR OR DATES) WWII 219-03-0899 Ruth Young 395 Piper Blvd Detriot Mich 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID. OF HEALTH / CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 70. AUTOPSY? AFR: 17...
FORWARDED TO THE C. ..
FORWARDED TO THE C. ..
CTOR: PAGE 3 SHOULD BE USET
CTOR: PAGE 3 SHOULD BE USET
CTOR: PAGE 10 SHOUL YES 🗌 NO X 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY TATHOME. 21f LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR; PAGE 3 AFER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection XX 22a I certify that work charge of the remains described above, held an Autopsy Natural causes XX Tamicide ACTUAL 6-12-86 SIGNATUR EXAMINER'S NAME Dennis F. Smyth, 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236. DATE 73r. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial 6/16/85 Garrison Forest Vet Owings MD 07/B4 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATU **DHMH - 17** March Funeral Home West 4300 Wabash (VR A15 ME (5))



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG I. DECEASED NAME MIDDLE 20. DATE OF DEATH (TYPE OR PRINT) YOUNG **GEORGE** GOTTLEIB 3. SEX A. RACE DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 HRS YEAR MALE WHITE 1895 20 BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore City Pennsylvania WIDOWED A ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS INDUSTRY Baltimore Pipe Fitter Railroad SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 434 S. Smallwood Street 21223 30 STATE 13b. COUNTY 13d INSIDE CITY LIMITS? Maryland Baltimore 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Alice . Williams Gottleib Young 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 705-05-2010 Florence E. young 434 S. Smallwood St. 18 CAUSE OF DEATH (Enter only one couse per line for 10)
PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO O prior CERTIFICAT 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO T 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE STREET AT HOME, STREET, FACTORY, OFFICE FARM, ETC ) NOT WHILE 22a. I certify thos (1) (this hospital) attended the deceased from. sow the deceased alive on the body ofter death. and that in (my) (our) opinion death occurred on the date and hour and from the couses stated DIRECT 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN CVD MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b MIRANDA

BP____

DHMH - 16 60M 7/84 (VRA 15, 4) Burial 7/1/86
24 FUNERAL DIRECTOR

236 BURIAL, CREMATION, REMOVAL

236. NAME OF CEMETERY OR CREMATORY
Loudon Park Cemetery

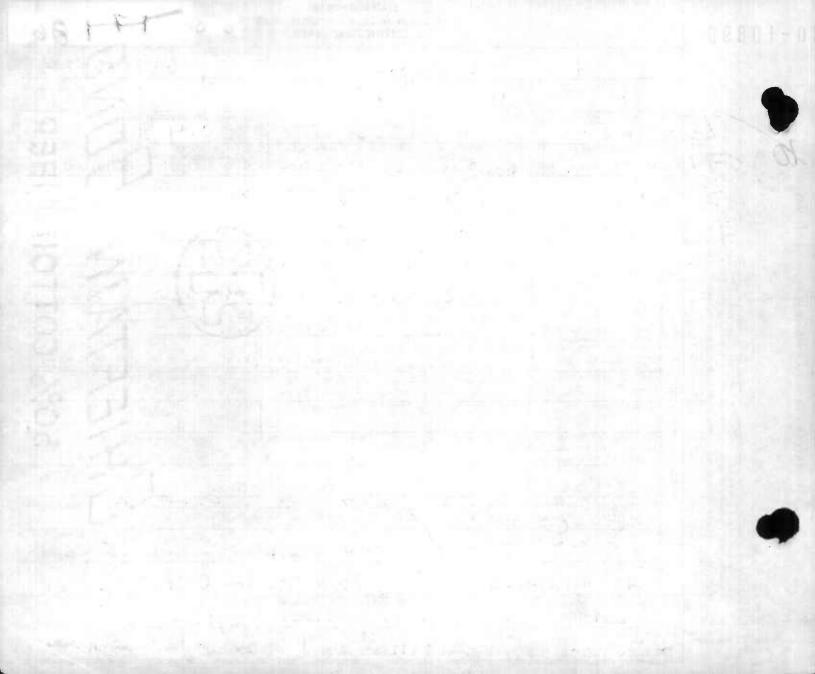
23d LOCATION
CITY OR TOWN
Baltimore

COUNTY STATE Maryland

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

23b. DATE

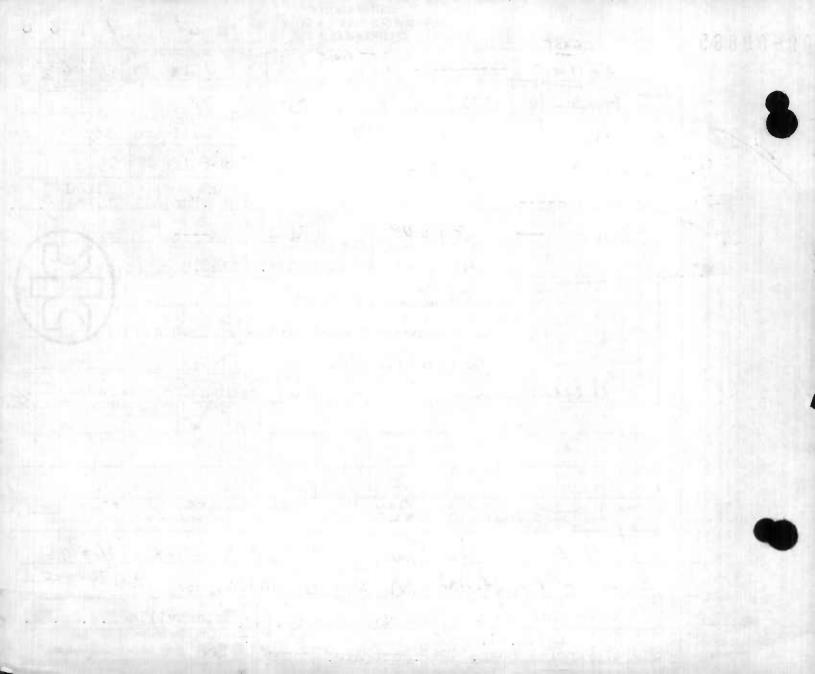
250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
JUN 3U 1986



DHMH - 16 60M 7/1 (VRA 15, 4)

	1-	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND TICATE OF DEA		8 0		7	8 /	
	I DEC	CEASED NAME OR PRINT) Gra	FIRST .Ce	Virgi	nia		ing		_	MONTH	1986	3: 25P	
	3. SEX	Female		4 RACE White		5. DATE O	of BIRTH 16 ^{AY} , 19:		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
5	9	THPLACE ISTATE OR F		U.S.		WIDOWE		CEDXX	Baltimore City o	R COUNTY		MD.	
5	Ba	iy or town of DEA ltimore		Good S	amaritan	Hospi	ital	ION	Personel		12b KIND C INDUSTRY Adv	vertising	
5	13 ₀ S	RESIDENCE (IF NURSI TATE aryland	136 COUL	CIMORE	Balti	nore	13d. INSIDE CITY L		13e.SIREET ADDRESS 6144 LOC	zie cope n Rave	n Blvd.	21239	
Ø		THER'S NAME Anthony	Fran		Ritota		15 MOTHER'S MA Grace	IDEN NAM	Trueman		Duntor	ı 1	
7		AS DECEASED EVER ES NO PUNKNOWN)		MED FORCES?	220-03-5		E. Slate	Rt.1	Box 140 W			mate interval	
2	ION	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								EN IN PART 1	0		
1	CERTIFICATION	19a DATE OF OPERAT		19b CONDITION FOR WHICH OPERATION WAS PERFORMED  21b TIME OF INJURY  21c HOW INJURY OCCU					200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO				
1	MEDICAL CI	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEA	HOUR A./	A. MONTH D	19	211 LOCATION STREET	CCCURRE	D (ENTER WATURE OF INJU		COUNTY	STATE	
		270.1 certify that (1) (this bounds attended the deceased from 5/20 , 19 %, to 6-23 19 %, so with edeceased of the one of the deceased of the saw the deceased of the one of of the									and from the		
/		22d PHYSICIAN'S NA Marion C.		lewski			22e ADDRESS	NCIAIV O	ford Road	IAN [	0-2	776	
	(1	URIAL CREMATION, SPECIFY) Cremation NERAL DIRECTOR	REMOVAL	236 DATE 6/24/		_	emetery or crem mount		23d LOCATION CITY OF TOWN Baltimot REC'D. BY REGISTRAR	-	4	Maryland	
		tchëll-Wie	defel	d Home	6500 Yorl	k Road	1 21212	JUI	V 2 4 1986	June of	NAME OF THE PARTY		

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00-08555	FOR 1 - STATE	Descrip	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 86	17189
	REGISTRAR  I DECEASED NAME FIRST	MIDDLE	LAST	REG	DAY YEAR 26 HOUR
by be age 3 death	(TYPE OR PRINT) ROLAND	ALBERT	ZEPP		
pag pag	3. SEX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	3 86 9205P M
ye 4 r	MALE	WHITE	MONTH DAY YEAR 26 18	68 yrs.	MONTHS DAYS HOURS MIN.
32/5/-	TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
11875	SYKESVILLE	U.S.A.	WIDOWED DIVORCED	BALTIMÓR	E CITY MD.
ON THE	BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET / SAINT AGNES HOS	PITAL	(TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR INDUSTRY
5		OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 131. GITY OR TOWN WOOLD IT	YES NOX	130 STREET ADDRESS / ZIP CODE 15000 OLD FRED	
omple I and	William A	More Zepp	15. MOTHER'S MAIDEN NAI		Streaker
ion and c	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAYSFCU WE WAR OR DATES) 215 26	0186 Mary BeiRAR	Zep Woodl	bine Md.
ng physic bondape remaval.	IN CAUSE OF DEATH Enter or PART I DEATH WAS CAUSE IMMEDIAT	oly one cause per line far (a), b. oh D BY. TE CAUSE (a).	prototy At	rest	BETWEEN ONSET AND DEATH
hat the death of the other death of the other death of the other frounds of the troumation, or other frounds of the troumation.	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	Destructive Palmonary	Disease	
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HAL Charles the har th	Bulley	N. Stan	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22¢ DATE SIGNED
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ВР	230. BURIAL, CREMATION REMOVAL	6-6-86 M	At. View Cemetry	23d LOCATION MORTOWN	Howard Md
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